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Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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Michael L. Penn, Jr., Ph.D.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, January 28, 2003

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

DOCUMENTS DEPT.

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

JAN 28 2003

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF NOVEMBER 26, 2002
**Minutes for November 26, 2002*
- 3) FOR DISCUSSION: CHN SECRETARY'S REPORT
(Barbara Garcia, Deputy Director, Community Health Network, Community Programs)
(Activities and Operations of Community Health Network (CHN))
**Report*

- 4) FOR DISCUSSION: PRESENTATION OF THE FY 2002-2003 SECOND QUARTER REVENUE AND EXPENDITURE REPORT
(Gregg Sass, Chief Finance Officer)
**Report*
- 5) FOR DISCUSSION: UPDATE ON THE BEHAVIORAL HEALTH INTEGRATION PLANNING PROCESS
(Bob Cabaj, Director of Behavioral Health Services)
** Update*
- 6) FOR DISCUSSION: UPDATE ON EMERGENCY ROOM DIVERSION TASK FORCE
(Barbara Garcia, Deputy Director, Community Health Network, Community Programs)
**Update*
- 7) EMERGING ISSUES
- 8) PUBLIC COMMENTS**
- 9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR

COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, January 28, 2003

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D. (left at 4:45 p.m.)

Staff: Bob Cabaj, M.D., Sai-Ling Chan Sew, Mildred Crear, Larry Funk,
Valerie Inouye, Carolyn Lieber, Anne Okubo and Anthony Wagner

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF NOVEMBER 26, 2002

Action Taken: The Committee approved the minutes of the November 26, 2002
Community Health Network Joint Conference Committee meeting.

3) CHN SECRETARY'S REPORT

Anthony Wagner, CHN JCC co-secretary, presented the Secretary's Report.

STAFF UPDATES

Jo Ruffin Retires

After 36 years of service with Community Mental Health Services, Laura Jo Ruffin retired from the Department this month. Jo's long career with the Department has demonstrated her unwavering commitment to ensuring and improving mental health care and services for all San Franciscans. A series of tributes to Jo's extraordinary work began with a front-page article in the *Independent* earlier this month. The Board of Supervisors have declared January 16, 2003 Laura Jo Ruffin Day in the City and County of San Francisco, and the Health Commission honored Jo at its January 21st Commission meeting. A special reception with over 280 people was held in her honor on the evening of January 16th with representatives from the Board of Supervisors, the State Assembly and Senate. DPH wished Jo a very successful retirement and thanked her for her years of service to thousands of San Franciscans.

PROGRAM UPDATES

Harm Reduction Focus Groups

The Foster Care Mental Health Program conducted two private provider focus groups to discuss the implications of the harm reduction policy on conducting psychological assessments with dually diagnosed clients. These meetings provided a forum for psychologists to discuss specific issues related to this topic. The forum also acted as a way to introduce and discuss the harm reduction policy as it related to DPH, DHS and the dependency court.

Mental Health Advanced Access

CMHS is implementing the Advanced Access model for managing demand for services, with the goal to improve timely access to assessment and treatment services. Trainings of outpatient mental health clinic leadership on Advanced Access are underway. The target date for full implementation of advanced access is February 1, 2003.

San Francisco General Hospital Diversion Report

The Emergency Department [ED] recorded 55 episodes of diversion for 210.5 hours representing a rate of 28.3% in December 2002. This is a 3.7% increase in diversion since November 2002.

The 55 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	55	210.5	28.3	4.8%
Trauma Override	5	13.8	1.85	.5%

The ED was impacted by capacity and high patient acuity during the episodes of Total Diversion and Trauma Override. During this time, 279 patients were pending admission to inpatient beds [ICU-23, 4B/StepDown-97, MedSurg-136]. In December 2001, the ED was on diversion 28% of the month. Trauma Override was invoked 0.6% of the month in December 2001.

Total Diversion was recorded for 55 episodes, a total of 210.5 hours or a 28.3% rate for December 2002, and a 4.8% increase in Total Diversion since November 2002. While on Total Diversion the ED held 279 patients in December 2002. While on Total Diversion in December 2001, the ED held 166 patients awaiting inpatient beds.

Trauma Override was recorded for five episodes, a total of 13.8 hours or a 1.85% rate for December 2002. This is a .5% increase in Trauma Override since November 2002. While on Trauma Override the ED held 23 patients in December 2002. While on Trauma Override in December 2001, the ED held 14 patients awaiting inpatient beds.

EVENTS, TRAININGS AND PRESENTATIONS

Department Work Highlighted at National Association of Counties' Conference

Community Mental Health Services successful use of Behavioral Consultants for young children as a pro-active way of stopping a cycle of negative behavior was highlighted at the National Association of Counties' *Workforce Development and Human Resources* Conference, November 14 – 17, 2002. Sai-Ling Chan-Sew, Director of the Children, Youth, and Families section of CHMS presented statistics on the successful use of Behavioral Consultations as an effective strategy for preventing children from entering a career in the "system" – moving from our care to the juvenile detention system and ultimately the criminal justice system. Currently Behavioral Health consultants observe 4,000 children annually in 75 different childcare centers.

Black history Month Activities

The African American Health Initiative and the Managers of African Descent are co-sponsoring the following events to celebrate Black History Month. Please help spread the word that all are invited and are welcomed to participate in the following activities:

- January 31-February 1, 2003 - African American Health Summit, Oakland Convention Center, 10th and Broadway, for more information call 510 763-7270 or visit www.babuf.org.
- February 6, 2003 - African American Health Initiative, Third Annual Educational and Cultural Event, 5-8 PM, African Center for Art and Culture, 762 Fulton Street, for more information call (415) 581-2451 or 581-2407. A special presentation will be made to discuss the new collaborative African American Health Disparities Project of the S.F. Hospital Council.
- February 14, 2003-Black Infant Health, Afro-Centric Parenting, for more information call (415) 581-2400.
- February 21, 2003-African American Behavioral Health Conference, S.F. War Memorial-Herbst Theater, 401 Van Ness Ave, for more information call (415) 255-3427
- June 19, 2003-Reparations: Potential impact for health improvement and community wellness, 5-8 PM, African Center for Art and Culture, 762 Fulton Street, for more information call (415) 581-2451.

QUALITY ASSURANCE

Mission Council on Alcohol Abuse for the Spanish Speaking

The 2001 -2002 report reflects improvements in client retention due to strategic program and policy changes. Specifically, low client retention has been addressed by implementing harm reduction policies, creating a more flexible system of payment for clients, and reducing the number of groups court-referred clients are required attend. In addition, reporting has been improved to accurately reflect those clients who were transferred to another program or left before completion with satisfactory progress.

Westside Community Mental Health Center
See Attachment A.

Commissioners' Comments

- The Committee accepted the quality assurance reports for Mission Council and Westside Community Mental Health Center. The Commissioners are satisfied with the agencies' progress.

4) **PRESENTATION OF THE FY 2002-2003 SECOND QUARTER REVENUE AND EXPENDITURE REPORT**

Anne Okubo, Deputy Finance Director, presented the 2nd Quarter Revenue and Expenditure Report (Attachment B). Larry Funk updated the Committee on State budget actions that impact Laguna Honda Hospital. The State Assembly Budget Committee rejected the governor's proposed reduction in the DPSNF per diem, which is positive news for LHH.

Commissioners' Comments

- Commissioner Guy asked if the issue of the census at LHH being lower than budgeted is a long-term problem. Mr. Funk said he is working with Barbara Garcia to expedite transfers from SFGH to LHH, and analyzing various changes in the units at LHH that might make it easier to transfer patients.
- Commissioner Chow would like a progress report on the flow of patients from SFGH to LHH at the April CHN JCC meeting.

5) **UPDATE ON THE BEHAVIORAL HEALTH INTEGRATION PLANNING PROCESS**

Bob Cabaj, Director of Behavioral Health Services, gave an update on the Behavioral Health integration planning process. The goal of integration is to integrate the administrative, clinical and fiscal functions of CMHS and CSAS into a comprehensive behavioral health delivery system by July 1, 2005 to improve clinical outcomes, maximize resources and increase client, provider and employee satisfaction. The vision is "Any Door, The Right Door."

Guiding Principles

- Decisions are client centered
- Meet clients where they are
- Services are family focused
- Providers are clinically and culturally competent
- Wellness and recovery principles are core of delivery system
- Services are community-based
- Practice is evidence-based and guided by outcomes
- Providers are partners
- Efficiency, accountability and flexibility are paramount

Dr. Cabaj described the planning committees that have been established to implement the integration, as well as the various types of community input. There will be a community forum on February 28, 2003 from 10 a.m. to noon at 101 Grove Street.

Implementation Timeline

- Develop vision, goals, definition and guiding principles – completed
- Establish executive leadership – completed
- Develop and implement communication strategy – on-going
- Establish working committees and conduct focus groups – completed
- Develop implementation recommendations – January – March 2003
- Draft, review, revise and adopt 3-year Implementation Plan – March – June 2003
- Implement plan and achieve integration – July 2005

Commissioners' Comments

- Commissioner Guy said that a two-year planning and implementation process is reasonable since there is always a cultural lag even when people want and embrace change. It is important that clients want this change, and that it is not being imposed from above. A key issue will be funding, and whether the funding streams will be able to be integrated programmatically. She would like this highlighted in the June report. Sai-Ling Chan Sew said SAMHSA might lead the way, and is already looking at co-services. Commissioner Guy asked if this effort is linked with the prevention framework and Laguna Honda Hospital. Dr. Cabaj said there would not be a separate prevention division but he will work closely with Ginger Smyly. Commissioner Guy asked if DPH is involved in the Behavioral Health Court. Dr. Cabaj replied that Mental Health has been involved and the effort is primarily led by Jail Psychiatric Services.
- Commissioner Sanchez said a number of foundations might be interested in funding this type of integration work.
- Commissioner Chow emphasized that DPH cannot lose site of cultural competency and must keep focused on the client. He would like the June report to the Health Commission to spell out which programs will be integrated and which will remain specialized.

6) UPDATE ON EMERGENCY ROOM DIVERSION TASK FORCE

Anthony Wagner gave an update on the Emergency Room Diversion Task Force. Because Barbara Garcia was unable to be at the meeting, due to having to be at an emergency budget meeting, this topic will be discussed again at the February CHN JCC meeting.

Commissioners' Comments

- For the February presentation, Commissioner Guy and Commissioner Chow want to make sure that the McMillan proposal is for expanded services and not a replacement—or displacement—of current services to clients who receive treatment differently. They also want to know what impact 25 beds will have on the diversion rate, how the beds will be allocated and how success of the pilot project will be measured.

7) EMERGING ISSUES

- Commissioner Chow would like a presentation on the smallpox vaccination program at the next meeting. If possible, Commissioner Chow would like the report to include information about the vaccination programs at all San Francisco hospitals.

8) **PUBLIC COMMENTS**

None.

9) **ADJOURNMENT**

The meeting was adjourned at 5:15 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (2)

20.453

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26/03

Public Notice

Edward A. Chow, M.D.
President

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Vice President

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JOINT CONFERENCE COMMITTEE
FOR THE
COMMUNITY HEALTH NETWORK
COMMITTEE MEETING

The Joint Conference Committee for the Community Health Network meeting originally scheduled for Tuesday, February 25, has been rescheduled for Friday, February 28, 2003 from 3:00 to 5:00 p.m.

An agenda will be mailed shortly.

For information call the Health Commission Office at 554-2666

Posted 2/20/03

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/28/03
Edward A. Chow, M.D.
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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Friday, February 28, 2003

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.

Absent: Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Rob Bannon, Bob Cabaj, M.D., Sai-Ling Chan Sew, Pat Evans, M.D.,
Susan Fernyak, M.D., MPH, Larry Funk, Barbara Garcia, Maria X.
Martinez, Gene O'Connell, Patricia Perez-Arce, Rudolph Rodriguez, M.D.,
Linda Wang, and Andrew Williams.

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF JANUARY 28, 2003

Action Taken: The Committee approved the minutes of the January 28, 2003 CHN
JCC meeting with one correction: on Page 5 the word "site" was
changed to "sight."

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the Secretary's Report.

STAFF UPDATES

DPH Staff Recognized for Collaborative Work

Colleen Johnson, Assistant Director of Policy and Planning, and Sue Currin, SFGH's Chief Nursing Officer, were selected among many outstanding candidates to participate in the National Association of Public Hospitals' Fellows Program for 2003. This year's program encourages the development and dissemination of a new model for collaboration between government affairs and communications/public relation's staff among member hospitals.

PROGRAM UPDATES

Medication Adherence Pilot

CBHS Quality Management has completed a full year evaluation of an Eli Lilly funded medication adherence pilot based at Westside Community Mental Health Clinic. A cohort of twenty-six medication non-compliant clients was enrolled in the pilot beginning in the Fall of 2001. The results thus far are promising. Eighty percent of clients have been retained in the program; the overall mean adherence to medications exceeded 90%; acute service use has declined by 60 to 90%; client functioning has shown distinct improvement and client satisfaction with the program is very high. The pilot has another six months before completion.

Advanced Access

Advanced Access is the new scheduling program being adopted by Mental Health to allow for same day patient appointments regardless of the reason for the appointment. At a meeting of outpatient clinic directors and clinic medical directors at the end of January 2003, 12 out of 15 clinics reported that they are now able to see new individuals for intake evaluations and medication evaluations within 24-48 hours of receiving the request. Of the remaining reporting, the longest waits were up to two weeks for an intake evaluation and medication evaluation. Factors impacting access are significant vacancies, difficulty recruiting and limited capacity in certain languages. Even so, access for new clients has significantly improved from two years ago, when three quarters of the outpatient clinics were either closed to new referrals or had waits of up to two months. Clinics are collecting demand and delay data in order to make management decisions on both the clinic level and system level. CMHS is exploring various strategies to make best use of limited resources in the clinics.

Nutrition and Physical Activity

Last Fall, the Health and Human Services Committee of the Board of Supervisors held a hearing on childhood obesity and "what the DPH and the SFUSD are doing to address it." At this hearing, testimony overwhelmingly demonstrated that childhood overweight and obesity have taken their toll on the health of children, with increased health problems related to poor nutrition and lack of physical activity, including diabetes and other precursors to heart and stroke disease. While some efforts are underway, much more is needed to address and prevent the problem.

Supervisor Maxwell will soon be introducing a resolution to form a broad-based Task Force to assess the extent of the problem, resources and best practices and to develop a comprehensive plan to address the problem of overweight, obesity and lack of physical activity in children and youth. Barbara Garcia and Anne Kronenberg, representing Mitch Katz, met with representatives of various community-based agencies, health providers, advocates and the SFUSD to commit to staffing and participating on the Task Force and working cooperatively and proactively with others. In the interim, staff are preparing for the task of staffing and providing resources to the Task Force.

San Francisco General Hospital Diversion Report

The Emergency Department [ED] recorded 54 episodes of diversion for 233 hours representing a rate of 31.3% in January 2003. This is a 3% increase in diversion since December 2002.

The 54 episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	54	233	31.3%	3%
Trauma Override	11	45.4	6.1%	4.25%

The ED was impacted by capacity and high patient acuity during the episodes of Total Diversion and Trauma Override. During this time, 415 patients were pending admission to inpatient beds [ICU-23, 4B/StepDown-115, MedSurg-277. In January 2002, the ED was on Total Diversion 39.7% of the month. Trauma Override was invoked 3.2% of the month in January 2002.

Total Diversion was recorded for 54 episodes, a total of 233 hours or a 31.3% rate for January 2003, and a 3% increase in Total Diversion since December 2002. While on Total Diversion the ED held 415 patients in January 2003. While on Total Diversion in January 2002, the ED held 194 patients awaiting inpatient beds.

Trauma Override was recorded for 11 episodes, a total of 45.4 hours or a 6.1% rate for January 2003. This is a 4.25% increase in Trauma Override since December 2002. While on Trauma Override the ED held 77 patients in January 2003. While on Trauma Override in January 2002, the ED held 61 patients awaiting inpatient beds.

EVENTS, TRAININGS AND PRESENTATIONS

San Francisco Children and Families DV Free: Multidisciplinary Approaches to Addressing Family Violence Conference

San Francisco SafeStart and the San Francisco Department of Public Health will host a citywide conference on childhood exposure to violence. The conference will be held at the State Building on April 22, 2003, 455 Golden Gate from 9:00 am – 3:00 pm. Special guest speakers include State Attorney General Bill Lockyer and Dr. Alicia Lieberman from UCSF Child Trauma Research Project. Conference fees are \$25, which includes continental breakfast and lunch. Space is limited to 300 people. You may download a conference flyer and registration form at: <http://www.dcyf.org/safestart>, or contact Andrea Lee at (415) 565-0698

National Association of County and City Health Officials (NACCO)

The Winter 2003 issue of the NACCO Exchange, the newsletter of the National Association of County and City Health Officials, focuses on health inequities and features an article by Dr. Rajiv Bhatia, MD, MPH, Director of Occupational and Environmental Health. The article, entitled *Addressing Health Inequities in a Local Public Health Agency: Exploratory Strategies*, describes some of the efforts towards health equity being undertaken by SFDPH, such as using participatory action research methods to address the lack of affordability and access to nutritious food in low-resource neighborhoods. The publication can be obtained at: <http://www.naccho.org>.

QUALITY ASSURANCE

Haight Asbury Free Clinic Update

Since reporting to the Health Commission six months ago, HAFC has improved its program ratings in all three monitored categories. Since the last report the agency has achieved an Acceptable rating for all but one program in the category of Program Performance/Accomplishment of Objectives. In addition, 100% of programs improved in the category of Program Compliance and 73% of rated programs received an Acceptable rating for Client Satisfaction.

Commissioners' Comments

- Commissioner Chow asked for another update on the Haight Ashbury Free Clinic contract in a few months.

4) EMERGENCY ROOM DIVERSION TASK FORCE UPDATE

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented an update on the Emergency Room Diversion Task Force (Attachment A).

Commissioners' Comments

- Commissioner Guy said that evaluation of this pilot program is so important. Ms. Garcia thinks they will be able to evaluate how the individuals and high utilizers perform post-program as compared to before the pilot began.
- Commissioner Chow asked when the eight-month pilot program began. Ms. Garcia is hoping to begin in July, but this might change. Ms. Garcia will give a monthly update through the Secretary's Report.

5) SMALLPOX VACCINATION PRESENTATION

Susan Fernyak, M.D., M.P.H., presented an update on San Francisco's Smallpox Vaccination program. She outlined the National Smallpox Vaccination Program and described the vaccine and contraindications and adverse reactions to the vaccine.

DPH's smallpox planning has been ongoing for several months. The primary focus has been on "post-event" planning, which would allow the Department to be adequately prepared to respond if smallpox is released as a bioterrorist agent. Major aspects of post-event planning include: rapid immunizations of the general population, hospital care of infected patient, epidemiologic investigation of cases, contact tracing and vaccination of contacts. Phase I vaccinations—which

are targeted to public health and hospital based workers who would care for the first smallpox patients—is one small aspect of DPH's overall smallpox planning.

The DPH policy decisions were that DPH would participate in Phase I vaccinations, and vaccinations would only be offered to staff that had no clinical contact or could rearrange their clinical schedules. Phase I includes SFGH and LHH. In December the Department hosted five brown bag lunch talks on the smallpox vaccine, and sent a survey to 5,500 DPH staff on their interest in and eligibility for being vaccinated.

San Francisco Hospital Participation in Phase I

- All San Francisco hospitals have been actively involved in Phase I planning and preparations.
- Four of the five San Francisco hospitals will be participating in Phase I vaccinations.
- All hospitals will be training a core group of staff who can act as vaccinators in the event of smallpox release.

Worker and hospital concerns include minimizing contact vaccinia in the workplace, liability for adverse events from the vaccine and worker's compensation issues.

DPH Recommendations

- DPH is not recommending for or against pre-event vaccination; it is a voluntary process where facilities and individuals must consider the risk and benefits, then make an informed choice.
- DPH will make the National Smallpox Vaccination Program Phase I vaccinations available to qualified facilities and volunteers.
- DPH smallpox vaccination program focus will be on safety, education, training and support of vaccinees (and other volunteers), their co-workers and families.

Commissioners' Comments

- Commissioner Guy asked if there is a public education strategy. Dr. Fernyak said that currently they are concentrating on educating Phase I participants and clinicians throughout the county. Commissioner Guy suggested educating editors and journalists. Dr. Fernyak stated that she receives three to four media calls per week and the media community has a lot of general knowledge about smallpox. However, there is room for improvement.
- Commissioner Chow is pleased that the post-event planning is focused on more than just smallpox. It is important that other counties plan as well.

6) PRESENTATION OF A RESOLUTION FOR SAN FRANCISCO GENERAL HOSPITAL LICENSURE OF DIALYSIS CLINIC

Gene O'Connell, Executive Administrator, SFGHMC, presented the resolution. UCSF has operated the Renal Dialysis Center as SFGH since 1967. The Center provides outpatient chronic dialysis services to 113 CHN patients directly, and facilitates services for another 56 CHN patients at the few remaining local freestanding dialysis centers. Over the past several years the University sustained operational difficulties, which forced it to make the decision to withdraw from this

segment of the healthcare market. UCSF Department of Medicine at SFGH gave the hospital notice of its intent to cease operation on June 30, 2003. This decision would have serious consequences, including the further reduction of the already insufficient number of outpatient chronic dialysis chairs in San Francisco and increased additions to the SFGH Emergency Department for patients in renal failure. SFGH determined that in order to ensure continued uninterrupted service to its patients, the UCSF Renal Dialysis Center license should be transferred to SFGH.

7) **PRESENTATION OF THE PERSONAL ASSISTED EMPLOYMENT SERVICES (PAES) PROGRAM**

Maria X. Martinez, Deputy Director, Community Programs, presented an analysis of the Personal Assisted Employee Services (PAES) program that included a profile of PAES recipients and factors that influence PAES outcomes. DPH worked with the Department of Human Services (DHS) over the past five years to identify common issues, since the Departments share many common clients. This report was prepared jointly by the two Departments.

The PAES program is San Francisco's welfare to work program for single adults. There is no other program like it in the county. Program participants receive \$395 per month as well as a variety of services, including employment training and dental services. The goals for the study were to create profiles, identify associations to outcomes, inform the design of PAES programs and inform the design of MIS. The purpose of the study was to improve PAES participants' chance for successful transition from welfare to economic self-sufficiency.

The study examined a number of factors with the intent of correlating these factors to program outcomes. Factors included: employment history, length of stay in PAES, recidivism in PAES, PAES service usage, preferred language, gender, ethnicity/race, age, housing status and a number of behavioral health histories. Ms. Martinez discussed in details the findings for each of these factors.

Program Recommendations

- Increase availability and use of housing subsidies
- Maintain on-site behavioral health services
- Expand access to health services for PAES recipients
 - Increase Methadone Maintenance slots
 - Co-locate primary care services
 - Increase patient education
- Expand employment services and SSI Advocacy

Program Assessment Recommendations

- Maintain history of PAES recipient outcomes in MIS
- Improve outcome information
- Measure overall performance using Favorable Outcome Ratio
- Measure participant's progress
- Broaden and evaluate scope of factors that influence outcomes

Commissioners' Comments

- Commissioner Guy asked that this report be presented to the Local Homeless Coordinating Board.

- Commissioner Chow said the next steps should be to report back to the CHN JCC after the budget process is complete, as to which report recommendations were implemented and if the PAES program was retained or modified. He asked Ms. Martinez and Ms. Garcia to work with Anne Kronenberg, Marc Trotz and the Health Commission Office to develop a presentation for a future Health Commission meeting.

8) **EMERGING ISSUES**


None.

9) **PUBLIC COMMENTS**

None.

10) **ADJOURNMENT**

The meeting was adjourned at 5:45 p.m.



Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

McMillan Sobering Center Pilot Project

Background

Chronic public inebriates place a considerable resource burden on the entire emergency system, within and beyond the Department of Public Health.

1 in 4 ambulance transports in San Francisco are inebriate related. Chronic public inebriates significantly represent low acuity calls and transports. A recommendation from the Board of Supervisor's Hospital Diversion Task Force is to establish a sobering unit at McMillan Center to reduce emergency visits and improve health outcomes for chronic public inebriates. Similar programs in other cities have resulted in reduced emergency visits and improved health outcomes for chronic public inebriates. It is estimated this pilot project will free up 25 to 40 visits per day at local hospitals.

The McMillan Sobering Center

The Department of Public Health is proposing a pilot project to create a medically supervised sobering center where an inebriated client can regain his/her sobriety over a number of hours. The client will also have access to medical, nursing, behavioral health and case management services to assist in his/her short and long-term recovery process. Under this pilot project, the public inebriate who would otherwise be transported by an ambulance to a hospital emergency room throughout the City, will instead be identified and triaged by paramedics and transported to the new sobering center. Those with indications of significant withdrawal or significant acute medical illness will continue to be transported to the hospital.

The proposed McMillan Sobering Center will be operated through a partnership between the Department of Public Health's Tom Waddell Health Center, and Chemical Awareness Treatment Services (CATS), a non-profit agency. The Sobering Center will be co-located at CATS' McMillan Drop-In Center. CATS and the McMillan Drop-In Center were selected as the partner agency because: (1) the location is central in the City and is a block from the Tom Waddell Clinic; (2) the site is open 24 hours per day, seven days per week; (3) the program has a substance abuse focus; and (4) the target population of the McMillan Drop-In Center is similar to the population the pilot project is addressing.

Funding

This pilot project is a public and private partnership. It will be funded and governed by public and private sources. The funding will be provided from the following sources: (1) Department of Public Health: \$400,000, (2) Private Hospitals: \$292,500, and (3) private fund raising: \$111,289.

Next Steps

A Medical Advisory Committee will be formed to oversee the implementation of the pilot McMillan Sobering Center Project. This Committee will ensure outcomes are clearly stated and evaluated.

McMillan Sobering Center Pilot Project
2/14/03

Expenditure Budget

	FTE	Pilot 8 Months	Ongoing Total
001 Salaries			
2312 Licensed Voc Nurse (LVN)	3.3	194,532	300,552
2312 LVN Relief (no FB)	0.3	17,145	24,044
2232 Sr. Physician Specialist	0.3	46,241	71,442
2328 Nurse Practitioner	0.7	65,511	101,214
	4.6	323,429	497,252
013 Fringe Benefits @ 25%		76,571	114,856
Subtotal		400,000	612,108
027 Professional Services - CATS McMillan			
2.00 FTE case managers		35,167	55,961
1.00 FTE case manager coord.		24,667	38,110
		59,833	94,071
Benefits @ 24%		14,360	22,577
Subtotal Personnel		74,193	116,648
Capital			
Fire Alarm System		50,000	0
ADA Elevator		70,000	0
Roof		43,000	0
Heating		80,000	0
Subtotal Capital		243,000	0
Operating			
Training		20,000	20,000
Supplies		23,333	35,000
Subtotal CATS		360,526	171,647
Indirect @ 12%		43,263	20,598
Total CATS		403,789	192,245
Total Budget for Sobering Center		803,789	804,354

Included indirect on capital due to time
to manage projects.

Hosp Council Breakdown
 2,500 Chinese Hospital
 75,000 CPMC
 50,000 Kaiser Permanente
 50,000 St. Francis
 40,000 St. Lukes
 25,000 St. Mary's
 50,000 UCSF
 100,000 CHW
 392,500

	First Year	Ongoing
Sources		
Hospital Council	\$392,500	unknown
New insurance revenues generated at SFGH	175,000	175,000
General Fund - reallocated DPH funding	225,000	225,000
General Fund - new	11,289	404,354
Total Sources	\$803,789	\$804,354
Uses		
Facility rehabilitation & other start-up costs	\$243,000	-
Medical operating costs (new)	400,000	612,108
Contractor Operating Costs	160,789	192,245
Total Uses	\$803,789	\$804,354

This would become \$11,854 if Hosp Continues to contribute

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
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AGENDA

**JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING**

Tuesday, March 25, 2003

3:00 p.m. – 5:00 p.m.

at

**Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110**

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- A. Commissioner Edward A. Chow, M.D., Chairperson
- B. Commissioner Roma P. Guy, M.S.W.
- C. Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF FEBRUARY 28, 2003**

**Minutes of February 28, 2003*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Health Network, Community Programs)
(Activities and Operations of Community Health Network)
**Report*

- 4) **FOR DISCUSSION:** **UPDATE ON HIPPA PRIVACY NOTICE**
(Dennis Scott, Chief Compliance Officer)
**Update*
- 5) **FOR DISCUSSION:** **INFORMATION TECHNOLOGY UPDATE**
(Dave Counter, Director, Management Information Systems)
**Update*
- 6) **FOR DISCUSSION:** **EMERGING ISSUES**
- 7) **PUBLIC COMMENTS****
- 8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno, #9X San Bruno Express, #19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, March 25, 2003

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

DOCUMENTS DEPT.

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Sharon Calcagno, Dave Counter, Pat Evans, M.D., Larry Funk,
Barbara Garcia, Valerie Inouye, Fred McGregor, Gene O'Connell,
Jorge Partida, M.D., Frank Patt, Gregg Sass, Dennis Scott, Linda
Wang and Andrew Williams.

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF FEBRUARY 28, 2003

Action Taken: The Committee approved the minutes of the February 28, 2003 Community Health Network Joint Conference Committee meeting.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the Secretary's Report.

STAFF UPDATES

PROGRAM UPDATES

Smallpox Vaccinations for Healthcare Providers to Begin in San Francisco

San Francisco has received 300 doses of smallpox vaccine and vaccinations will begin the week of March 31st, 2003. It is anticipated that approximately 50 people will be vaccinated from DPH, San Francisco General Hospital, and three other San Francisco hospitals. CHN will not be vaccinating anyone with a contraindication. Each vaccinee will receive extensive education and informed consent prior to vaccination. The vaccinations will be given at 101 Grove Street in the Adult Immunization Clinic on the first floor. Three DPH nurses will be trained to administer the vaccine. Occupational Health at DPH and other hospitals will follow vaccinees and be available to evaluate possible adverse reactions. In addition, a total of ten San Francisco dermatologists, infectious disease specialists, neurologists, and ophthalmologists will be able to evaluate and care for any serious reactions to the vaccine. In addition, CHN will be training a group of staff from all ten San Francisco hospitals to serve as vaccinators in the event of a smallpox emergency.

DPH Environmental Health Inspectors Respond to Families Living in SROs

In mid-2001, DPH funded a community-led, citywide census of families with children living in SROs in San Francisco. The census found 450 families and 760 children living in 158 hotels (40% of the hotels visited).

Following the publication of these findings, the Environmental Health section, including inspectors from the Children's Environmental Health section, responded by systematically inspecting over 100 hotels this past year.

Ninety-eight percent (98%) of the hotels inspected were found to have health code violations, including:

- 78% hotels with structural violations (broken walls/ceilings/windows, worn floor, broken plumbing and/or ventilation deficiencies)
- 50% vermin (rats, mice, cockroaches and/or bed bugs)
- 50% poor sanitation in rooms (presence of clutter, garbage, mold, etc.)
- 69% poor sanitation in common areas (dirty toilet rooms, kitchens, showers, hallways and/or mold, etc.)
- 30% lead violations – deteriorated lead-based paint (due to break in surface, chipped, peeling) due to water and/or impact damage

Over 61% of the hotels inspected had three or more types of the above violations.

Diligent follow-up on the part of DPH inspectors and their close collaboration with community groups resulted in over 96% of the hotels abating their health code violations. The Environmental Health inspectors will continue to monitor these hotels to assure that the violations do not gradually return.

San Francisco General Hospital Diversion Report

The Emergency Department [ED] recorded 38 episodes of diversion for 239.5 hours, representing a rate of 35.6% in February 2003. This is a 4.3% increase in diversion since January 2003.

The 38 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	38	239.5	35.6	4.3%
Trauma Override	9	35	5.2	0.9%

The ED was impacted by capacity and high patient acuity during the episodes of Total Diversion and Trauma Override. During this time, 353 patients were pending admission to inpatient beds [ICU-19, 4B/StepDown-121, MedSurg-213]. In February 2002, the ED was on Total Diversion 45.2% of the month. Trauma Override was invoked 9.9% of the month in February 2002.

Total Diversion was recorded for 38 episodes, a total of 239.5 hours or a 35.6% rate for February 2003, and a 4.3% increase in Total Diversion since January 2003. While on Total Diversion the ED held 353 patients in February 2003. While on Total Diversion in February 2002, the ED held 196 patients awaiting inpatient beds.

Trauma Override was recorded for nine episodes, a total of 35 hours, or a 5.2% rate for February 2003. This is a 0.9% decrease in Trauma Override since January 2003. While on Trauma Override the ED held 99 patients in February 2003. While on Trauma Override in February 2002, the ED held 82 patients awaiting inpatient beds.

EVENTS, TRAININGS AND PRESENTATIONS

National Public Health Week Activities

SFDPH will observe National Public Health Week April 7 – 13. The theme this year is “Getting in Shape for the Future; Healthy Eating and Active Living”. Planned activities include two Brown Bag Lunch presentations, one by Laura Brainin-Rodriguez entitled “The Heart of the Matter” discussing what leads to heart disease and the role of nutrition in protecting against or contributing to health disease. The second Brown Bag Lunch, April 11th, will be a presentation by Fernando Ona of the Environmental Health section. He will present concepts of Food Security and Food Systems. Both Brown Bag lunches will be at 101 Grove Street, Room 300, at 12:00 noon. In addition, there will be a participatory demonstration of the Tai Chi in the Park Program at Civic Center on Wednesday April 2nd. There will also be a web page featuring a complete list of DPH Public Health Week activities and web links to nutrition and physical activity resources.

HIPAA (Health Insurance Portability and Accountability Act)

The Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that by April 14, 2003 the privacy provisions in the Act be implemented and that all personnel who produce, transcribe, store, transmit, or otherwise have access to protected health information receive training in implementing the privacy provisions. Also, as part of the privacy provisions, DPH will issue a standardized Summary and detailed Notice of HIPAA Privacy Practices (two documents). These documents must be given to all DPH clients and patients, including those seen by contract providers, beginning April 14, 2003. A series of trainings on the Privacy Policy and Notice have been scheduled between March 25 and April 10. The training will be a “Train the Trainer” model.

Section managers and contractors are asked to send a representative to the training who can then go back and train their own staff. Training materials will be made available upon request. Registration is not required for attendance.

The trainings will be held at 101 Grove Street, Room 300 on the following dates:

March	25, Tuesday	- 2:30 to 4:00 pm
	27, Thursday	- 1:30 to 3:00 pm
	28, Friday	- 10:30 am to noon
April	3, Thursday	- 3:30 to 5:00 pm
	9, Wednesday	- 9:30 to 11:00 am
	10, Thursday	- 2:30 to 4:00 pm

Questions regarding the trainings can be directed to Carolyn Lieber at 255-3470 or Michele Friedman at 255-3482.

QUALITY ASSURANCE

Jelani Inc. Update

The last update was November 26, 2002 at which time Commissioners asked for an update to the four outstanding recommendations that CSAS made in September of 2002.

Recommendations:

1. Add a female intake worker, preferably African American, as some potential clients may better relate to a female, and someone that reflects their culture
2. Meet with Criminal Justice and CPS to case conference and provide an on-going dialogue in how best to serve mutual clients
3. Develop new referral sources to in to increase CalWORKs referrals
4. Work with AACHIE, which includes a faith-based committee to increase community referrals

Status:

The CSAS Program Analyst and the CalWORKs Program Analyst continue to work closely with Jelani in the implementation of the above:

1. Jelani expanded the intake division to include an African American woman to assist our Intake Coordinator in the intake process
2. Jelani met with and will continue to meet with the respective Directors to improve communication and to establish a more efficient and productive referral system. As a further enhancement to the outreach and intake processes, an intake worker from Jelani conducts weekly outreach at Pre-Trail Diversion

3. DPH will continue to work with Jelani to encourage regular participation in the CalWORKs provider meetings and to increase referrals into the program. The program contract will be transitioning from a cost basis to a fee-for-service reimbursement beginning in July 2003
4. Jelani, Inc. is in partnership with True Hope Church of God in Christ and Calvary Missionary Baptist Church. Both faith-based committees are located in Bayview-Hunters Point and often make referrals to Jelani

Update on the Fiscal Intermediary for the OBOAT Pilot

San Francisco Suicide Prevention (SFSP) was chosen as the fiscal intermediary for the OBOAT Pilot. The contract with SFSP has been certified and separate Memorandum of Understanding signed by the five subcontractors to be paid through SFSP. OBOAT is scheduled to begin at the end of March 2003. Since it took almost eight months to get the Federal and State narcotic treatment licensing and regulatory requirements, CHN expects to continue this contractual relationship for another year. OBOAT was granted an additional year of funding and CHN plans to continue working with the existing providers and retain SFSP as the fiscal intermediary for those participating providers who are not City vendors.

Ms. Garcia added that the Executive Director of Walden House committed suicide over the weekend. DPH has sent grief counselors to the agency. There are still compliance issues and DPH staff will be working closely with the agency to attempt to resolve these outstanding issues.

Anthony Wagner gave an update on the SFGH Rebuild Planning Process (Attachment A).

Commissioners' Comments

- Commissioner Chow asked for an update on the methadone van in four to six months.
- Commissioner Sanchez said that all seven SFGH rebuild scenarios include Mission Bay in some way or another. Given the economy, are there other options that could be pursued where DPH is not tied so closely to Mission Bay?

4) UPDATE ON HIPPA PRIVACY NOTICE

Dennis Scott, Chief Compliance Officer, presented an update on the HIPAA Notice of Privacy practices. HIPAA requires that an individual have a right to adequate notice of the uses and disclosures of protected health information that may be made by the covered entity, and the individual's rights and the covered entity's legal duties with respect to protected health information. It also requires that the individual have the right to obtain a paper copy of the Notice from the covered entity.

DPH Notice of Privacy Practices is as follows:

- Notice summaries will be posted in prominent locations at DPH facilities
- The Notice and a Summary will be distributed at DPH points of registration as a one-time event until changed
- Notice and Summary will be in target languages
- FAQs and scripts will be provided to registration staff

- Issues with the Notice will be triaged to the Chief Privacy Officer to minimize the impact on patient flow
- Acknowledgement will be filed in the medical record
- Invision and ADL have been modified to track receipt of the notice. For all other points of distribution, patient will be asked if they have received notice

Community Program contractors will be required to provide the Notice to DPH-funded patients.

Commissioners' Comments

- Commissioner Guy asked if patients have the absolute right to their medical records, or is it the right to ask permission for the record. Mr. Scott said patients have the right to ask, but the clinician can override some requests. Commissioner Guy asked if Jail Health Services would be posting the privacy notices. Mr. Scott replied that HIPAA does not require notification of people in jail.
- Commissioner Sanchez noted that when HIPAA was passed, the intent was to protect privacy, yet with recent legislation, i.e. the Patriot Act, peoples' medical records can be more easily accessed.
- Commissioner Chow is pleased that the Office of Civil Rights, which oversees HIPAA, is allowing summary notices. Otherwise it would be too cumbersome and present challenges at the points of service. Mr. Scott said that it is difficult to comply with HIPAA while at the same time putting the information in common, accessible language.

5) INFORMATION TECHNOLOGY UPDATE

Dave Counter, Director, Management Information Systems, presented the Information Technology Strategic Systems Plan Proposal. DPH maintains two sole source Master Agreements with Siemens for mission-critical Information Technology (IT) systems: the Remote Computing Options contract and the Products and Services contract. Both of these contracts expire on June 30, 2004.

The current DPH-IT priorities are:

- Medication Error Control (SB-1875) – Computerized Provider Order Entry (CPOE)
- Maximize Charge Capture – Transition to in-house patient billing
- Jail Health Services – Siemens selected via RFP process
- Long Term Care – Replace Laguna Honda's ADL system
- DPH Strategic Priorities – clinical, fiscal and administrative

DPH is proposing to establish new contracts with Siemens. This proposal meets the Department's criteria because it addresses DPH-IT priorities, delivers the latest and best technology, delivers a finance plan in accordance with operational base budget, meets the criteria of the Administrative Code and provides support services to augment DPH staff resources.

Siemens Strategic Systems Proposal

- Replace existing INVISION systems with Soarian and deploy at SFGH, primary care clinics and Jail Health Services
- Develop a new long term care system based on Soarian technology
- Standardized pharmacy systems

Siemens Technical Systems Proposal

- Establish perpetual license for Soarian applications
- Replace currently installed Invision applications with Soarian applications
- Maintain all other currently installed applications
- Utilize Siemens rapid implementation methodology to deliver and install Soarian applications in approximately 24 months
- Provide implementation support, data and functional software conversions
- Train DPH staff in new technology and applications for ongoing support

Siemens Strategic Systems Contract Proposal

- Utilize current expenditure authorization in the Remote Computing Contract (\$1.4 million) for Jail Health Service and CPOE project budgets
- Establish two new contracts for Remote Computing Option and Products and Services commencing July 1, 2004, with expenditure authorization capped at \$10 million each
- Each new contract will have a term of three years with a renewal option of an addition three years upon Health Commission approval

Siemens Strategic Systems Fiscal Proposal

- Utilize existing IT operational base budget and one-time project budgets for Jail Health Services and CPOE
- DPH IT operational base budget for Siemens contracts (\$4.5 million)
- Jail Health Services project budget (\$700,000)
- CPOE project budget (\$600,000)
- All new contract costs maintained at operational base budget levels for term of agreement
- Operational base budget fees reduced in second three-year term of agreement due to reconciliation of perpetual license fees

Commissioners' Comments

- Commissioner Guy expressed a number of concerns: the Soarian system is a new, untested system; what hardware upgrades would be required; what does this mean for the new Laguna Honda Hospital; are training costs included in the base budget; and what are the biggest risks. She asked staff to address these issues.

Mr. Counter said that while these are new applications, Soarian has been through beta site testing. Warranties are built into the contracts. The master agreement includes very stringent protections and these will remain in place. The hardware that runs the system will still reside at Siemens' headquarters.

Larry Funk said that this proposal is a tremendous opportunity for Laguna Honda to get a fully integrated system. They can implement the new technology into the existing building and at the same time incorporate and transfer the technology to the new building.

Dr. Partida expressed concern that the system is being designed for a primary care/medical model into which Behavioral Health will be folded in at some time in the future. Mr. Counter said that currently there is no Behavioral Health clinical system—confidentiality laws prohibit

mental health and substance abuse data from being added to the Lifetime Clinical Record—and he acknowledged Dr. Partida's concerns.

Ms. Garcia stated that a system for Behavioral Health needs to be placed in the long-term plan, even if it is not currently funded.

6) **EMERGING ISSUES**

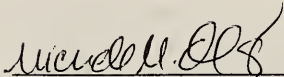
None.

7) **PUBLIC COMMENTS**

None.

8) **ADJOURNMENT**

The meeting was adjourned at 5:40 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

Attachment (1)

San Francisco General Hospital Medical Center Rebuild Planning Update
March 25, 2003

The Department of Public Health continues to make progress in planning the rebuild of San Francisco General Hospital Medical Center.

The SFGHMC Rebuild planning process is evaluating two sites: the existing Potrero Campus and a potential Mission Bay site. SFGHMC services have been organized into the following groups of services:

- Acute Care *including all hospital beds and diagnostic/treatment services*
- Trauma and Emergency Services *including helipad*
- Behavioral Health Services *including emergency, acute, outpatient & community based services*
- Outpatient Services *including hospital based & community clinics*
- Mother's & Children's Services *including the concept of a joint SFGHMC/UCSFMC Mother's & Children's hospital*
- Research & Educational Services *including basic, clinical & computational research programs within an academic medical center environment*

Institutional Master Plan Update:

The possible distribution of services between two possible sites (Potrero or Mission Bay) led to the development of 41 Scenarios. The 41 Scenarios were evaluated using a series of criteria focusing entirely on basic operational issues reviewed by focus groups, senior management and overview committees, including:

- Patient access to care
- Adjacency of critical services
- Adjacency of diagnostic/treatment and support services
- Staffing efficiencies
- Adjacencies that support the mission of an academic medical center
- Access to research space

Using this evaluation process, the 41 Scenarios have been narrowed down to 7 that will be developed into more comprehensive Concepts, which will include program and estimated space requirements, site plans, and cost estimates. The 7 Scenarios are:

- B3:** A co-location of SFGHMC & UCSFMC Acute Care Hospitals at Mission Bay *including all trauma services, psychiatric emergency and inpatient services, and a joint SFGH/UCSF mother's & children's hospital. A major Outpatient Center at Potrero including integrated specialty clinics, surgery center, imaging and other diagnostic services, behavioral health and other support services, and associated clinical research and educational services. Basic research at Mission Bay.*
- C1:** SFGHMC Acute Care Hospital at Mission Bay *including all trauma services, psychiatric emergency and inpatient services, with obstetrics and pediatrics within the hospital. Outpatient Services, and Research & Education at Mission Bay. Potential development of the Potrero Campus for services other than healthcare. Basic research at Mission Bay.*
- C4:** SFGHMC Acute Care Hospital at Mission Bay *including all trauma services, psychiatric emergency and inpatient services, with obstetrics and pediatrics within the hospital. A major Outpatient Center at Potrero including integrated specialty clinics surgery center, imaging and other diagnostic*

services, behavioral health and other support services, and associated clinical research and educational services. Basic research at Mission Bay.

C5: SFGHMC Acute Care Hospital at Mission Bay including all trauma services, psychiatric emergency and inpatient services, with an adjacent joint SFGH/UCSF mother's & children's hospital. A major Outpatient Center at Potrero including integrated specialty clinics, surgery center, imaging and other diagnostic services, behavioral health and other support services, and associated clinical research and educational services. Basic research at Mission Bay.

D3: SFGHMC Acute Care Hospital at Potrero including all trauma services, psychiatric emergency and inpatient services, with obstetrics and pediatrics within the hospital. A major Outpatient Center at Potrero including integrated specialty clinics, surgery center, imaging and other diagnostic services, behavioral health and other support services, and associated clinical research and educational services. Basic research at Mission Bay.

G5: SFGHMC Acute Care Hospital at Potrero including all trauma services, psychiatric emergency and inpatient services. A joint SFGH/UCSF Mother's & Children's hospital at Mission Bay. A major Outpatient Center at Potrero including integrated specialty clinics, surgery center, imaging and other diagnostic services, behavioral health and other support services, and associated clinical research and educational services. Basic research at Mission Bay

H3: SFGHMC Acute Care Hospital at Potrero including all trauma services, psychiatric emergency and inpatient services. An adjacent joint SFGH/UCSF Mother's & Children's hospital at Potrero. A major Outpatient Center at Potrero including integrated specialty clinics, surgery center, imaging and other diagnostic services, behavioral health and other support services, and associated clinical research and educational services. Basic research at Mission Bay.

Community Outreach:

We continue our community outreach efforts. Over the next two months we will continue to present these scenarios to various community groups to get their feedback. Last month, we presented to NICOS and the Potrero Hill Neighborhood Association. This month, we presented to the Coalition of San Francisco Neighborhoods. We also have another meeting with SPUR on April 10 to update them on the IMP. We will discuss what we learned from these presentations at our next Combined Advisory Committee meeting on May 8.

Internal Outreach:

We continue efforts to keep the SFGHMC staff informed of the rebuild progress. We are scheduled to present to the SFGHMC Management Forum meeting on April 8.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
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Harrison Parker, Sr., D.D.S.
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AGENDA

**JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING**

**Tuesday, April 22, 2003
3:00 p.m. – 5:00 p.m.**

at

**Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110**

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APR 16 2003

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**Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.**

1) CALL TO ORDER

**2) PROPOSED ACTION: APPROVAL OF MINUTES FOR THE JCC-CHN
MEETING OF MARCH 25, 2003**

**Minutes of March 25, 2003*

3) FOR DISCUSSION: CHN SECRETARY'S REPORT

(Barbara Garcia, Deputy Director, Community Health
Network, Community Programs)
(Activities and Operations of Community Health Network))
**Report*

- 4) **FOR DISCUSSION:** **UPDATE ON MINOR CONSENT**
(Iman Nazeeri-Simmons, Adolescent Health Coordinator)
**Update*
- 5) **FOR DISCUSSION:** **HEALTH AT HOME UPDATE**
(Kathy Eng, Director, Health at Home)
**Update*
- 6) **FOR DISCUSSION:** **EMERGING ISSUES**
- 7) **PUBLIC COMMENTS****
- 8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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HEALTH COMMISSION
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MINUTES

**JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING**

Tuesday, April 22, 2003
3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:12 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sánchez, Jr., Ph.D.

Absent: Commissioner Roma P. Guy, M.S.W.

Staff: Pam Bohmann, Bob Cabaj, Sai-Ling Chan-Sew, Anne Chang,
Robert Christmas, Kathy Eng, Barbara Garcia, Diane Jones, Iman
Nazeeri-Simmons, Lily Ng, Gene O'Connell, David Ofman, M.D.,
Frank Patt, Gregg Sass, Marc Trotz, Anthony Wagner.

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF MARCH 25, 2003

Action Taken: The Committee approved the minutes of the March 25,
2003 CHN Joint Conference Committee meeting.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the CHN Secretary's Report.

STAFF UPDATES

Outstanding Employee Recognitions

Congratulations go to Lynne Eggers, RN; Liz Gray, RN; Elayne Hada, RN and Judy Temple, RN, who were recognized by the Health Commission this month as Outstanding Employees for their work on the Patient Flow Pilot.

PROGRAM UPDATES

Dr. Evelyn Lee

On March 26, Dr. Evelyn Lee, Executive Director of Richmond Area Multi-Services, Inc. (RAMS) passed away. A memorial gathering to celebrate the life and achievements of Dr. Lee was held on Sunday April 6. The celebration provided an opportunity to share experiences and joy for having known such an inspired leader, compassionate mentor, role model, and dear friend as Dr. Lee.

At the time of her death, Dr. Evelyn Lee was the Executive Director of RAMS and a Clinical Professor of Psychiatry at the University of California, San Francisco. In addition, she was appointed to more than 50 government and community boards, was the president of the NICOS Chinese Health Coalition, and Vice-President of the San Francisco Mental Health Contractor's Association. Dr. Lee was also an active member of CMHS's Cultural Competence Committee and was dedicated to addressing health disparity issues for individuals with limited English proficiency and instrumental in the development of multi-lingual materials on access to care. She also championed the call for Asian communities to address gambling as a problem of addiction. Dr. Lee provided leadership in the founding of over 25 organizations and the development of innovative programs in the US, China, Hong Kong, Taiwan, and Vietnam. Philip Tsui, who has been with the agency since 1994, has been appointed Interim Director.

Severe Acute Respiratory Syndrome (SARS)

"Severe Acute Respiratory Syndrome" or SARS is a new emerging infection that appears to have originated in Vietnam, Hong Kong and parts of China. Symptoms include high fever and difficulty breathing. A special SARS Health Alert was sent to all San Francisco Emergency Departments and hospitals, and to infection control staff and practicing clinicians. DPH has also developed a "Frequently Asked Questions" sheet on SARS in English, Chinese, Vietnamese, Spanish, and Tagalog. The sheets are available on line at the DPH web-site. The FAQ's have been distributed to all SF clinicians and media. The alert and additional links are available on-line at <http://www.dph.sf.ca.us/HealthInfo/SARS/SARS.htm>.

SARS Information Line

Late last week a SARS Information Line was established in both English and Chinese. Please feel free to direct members of the public to 554-2905. Callers can also leave messages at this number or be transferred to a disease control officer during office hours.

CHN Outpatient Breastfeeding Guidelines on CHN Intranet

The Perinatal Linkage Committee is pleased to announce CHN Intranet access to the breastfeeding guidelines at: <http://insidechnsf.chnsf.org/practiceguidelines/BreastFeeding/BreastfeedingHome.htm>

Other useful information and links are available at the site including WIC Breastfeeding Handouts in English and Spanish (Chinese soon); Benefits of Breastfeeding *Handout*; Drugs in Pregnancy and Lactation; and a variety of excellent breastfeeding resources including the Breastfeeding Center at SFGH. For more information, e-mail Jonathan Barash, MD.

Relocation of Adult Immunization Clinic

The Adult Immunization Clinic has moved to Room 102 at 101 Grove St.. The new clinic is bigger and more accessible to the public on the first floor. Clinic hours are 9 a.m. – 4 p.m. daily.

Larkin Street Youth Center Moves to New Address

On April 21, the Larkin Street Center will open its doors at 1138 Sutter (between Polk and Larkin), just around the corner from its old location at 1050 Larkin. An Open House is planned for April 10th, 1-3 p.m. The new facility includes an expanded drop-in center and offices, and is expected to serve approximately 200 more youth annually than the old location due to its larger size and upgraded facilities. The Mayor's Office of Community Development and the Community Program's Division of the Department of Public Health gave a combined total of \$400,000 towards the development of the new center. The Drop-in center is the gateway to Larkin Street's 17 other housing and job training programs. The last day of full services at the old site will be Wednesday, April 16th. Clients showing up at the clinic on Thursday and Friday will be triaged to CHPY's Cole Street Clinic for any needed services.

North of Market Renamed Curry Senior Center

In honor of Francis J. Curry, M.D., a young boy from North Beach who delivered newspapers in the Tenderloin and washed dishes in area restaurants to earn money for medical school, and grew up to become Director of Public Health of San Francisco, North of Market Senior Services has been renamed Curry Senior Center. Dr. Curry never forgot the places he knew or the people he met during his early years and he made it his personal mission to provide services to seniors that promote independent living while maintaining their dignity and self-esteem. Dr. Curry opened North of Market Senior Services in 1972. Thirty years later the agency has developed into a multipurpose agency serving approximately 2,600 seniors throughout the Tenderloin/South of Market area. Curry Senior Center is proud to take the name of its founder to illustrate its continuing devotion to his mission.

HIV Mental Health Case Management at Center for Special Problems

The Title IV funding that Center for Special Problems has received through the sub-contract with UCSF through July 31, 2003 has enabled our HIV Mental Health Case Management team at CSP to provide mental health services to thirty four women living with HIV in the first seven months of the contract year and has also been able to provide services to eight of these women's affected family members. The program will also be providing both couples and family therapy to additional persons living with HIV.

The increased funding has provided for the placement of a social worker one morning a week at the UCSF Women's Specialty Clinic located at 400 Parnassus. This has dramatically enhanced women's access to mental health service as the social worker provides brief counseling and assessments on-site and then links those in need to longer term mental health care at Center for Special Problems. Also, as a direct result of the collaboration with the Women's Clinic at Positive Health Practice located at San Francisco General Hospital's Ward 86, positive women are accessing mental health care in a far more timely and seamless way. The HIV Mental Health Case Management Team at CSP also provides mental health services to men living with HIV.

Transgender Life Care Project

The Transgender Life Care project is now fully staffed and operating at capacity at Castro-Mission Health Center and providing support group and outreach through the UCSF Center for AIDS Prevention Studies. The program is the first to offer transgender mental health services at a primary care service site. The project was originally funded for three years. However, the president's budget for 2004 has eliminated the third year of funding, so there is no guarantee that the program will continue in its present form next year.

AB 2034 Homeless Outreach Program Update

The AB2034/MOST Program at the South of Market Mental Health Clinic was funded by the State in late 2000 to serve 120 homeless individuals who are severely mentally disabled and who have not successfully linked in the past to community-based mental health services. Many of the enrolled clients have histories of frequent hospitalizations and/or incarcerations. The program provides intensive clinical and wrap around services and is based on the recovery philosophy. Consumer participation is encouraged at all levels of programming including representation on the Consumer Advisory Board.

Currently there are 121 clients enrolled in the program. Outcome data indicates that enrollment has led to a 46% reduction rate for hospitalization days, a 72% reduction rate for incarceration days, and a 79% reduction rate for homeless days.

Title 9 State Regulations

DPH representatives from CSAS, SFGH and CBHS have worked closely with state and federal officials to revise methadone treatment regulations. Revisions for California's Title IX regulations are currently being drafted by the state; these revisions are expected to dramatically improve patient enrollment and retention in methadone treatment programs. In addition, the state recently approved several additional beneficial changes including: SB 1807 Office Based Opiate Treatment, 180-Day detoxification exemption, and 30-Day Take Home Dose exemptions.

Demand Treatment! Drug and Alcohol Screening Project to Begin

In 2000, San Francisco was selected by the Join Together Organization out of the Boston University School of Public Health to become one of 15 Demand Treatment! cities. This project will implement brief screenings for drug and alcohol use in four public health centers: Silver Avenue, Ocean Park, SEHC, and Family Health Center at San Francisco General Hospital. A 1-page self-administered screening tool was developed and translated into five languages (Spanish, Russian, Chinese, Korean, and Cambodian). There will be half-day trainings for each of the clinics conducted by the California Society for Addiction Medicine (CSAM) to orient staff about the nature of substance abuse, interpreting the results of the screening; and conducting brief interventions or referrals as necessary. This program is expected to be implemented into the intake process of each clinic by April 2003.

Updated Skill Builder Now Available

After resolving several computer glitches, the Community Programs section will resume publishing the on-line Skill Builder beginning April 18. The Skill Builder lists skills development and training opportunities and resources available to DPH employees with links to registration forms when available. The Skill Builder can be accessed at DPHnet under "training".

San Francisco General Hospital Diversion Report

The Emergency Department [ED] recorded 44 episodes of diversion for 222.7 hours representing a rate of 30% in March 2003. This is a 5.6% decrease in diversion since February 2003.

The 43 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	44	222.7	30	5.6%
Trauma Override	16	52.6	7.1	1.9%

The ED was impacted by capacity and high patient acuity during the episodes of Total Diversion and Trauma Override. During this time, 335 patients were pending admission to inpatient beds [ICU-24, 4B/StepDown-91, MedSurg-220]. In March 2002, the ED was on Total Diversion 29.8% of the month. Trauma Override was invoked 1.9% of the month in March 2002.

Total Diversion was recorded for 44 episodes, a total of 222.7 hours or a 30% rate for March 2003, and a 5.6% decrease in Total Diversion since February 2003. While on Total Diversion the ED held 335 patients in March 2003. While on Total Diversion in March 2002, the ED held 213 patients awaiting inpatient beds.

Trauma Override was recorded for 16 episodes, a total of 52.6 hours or a 7.1% rate for March 2003. This is a 1.9% increase in Trauma Override since February 2003. While on Trauma Override the ED held 153.5 patients in March 2003. While on Trauma Override in March 2002, the ED held 29 patients awaiting inpatient beds.

EVENTS, TRAININGS AND PRESENTATIONS

Health Emergency Practice Exercise June 17, 2003

Current world events have heightened sensitivities about how crucial it is for us to be prepared for a sudden disaster. On Tuesday, June 17th, the Department will conduct a practice exercise to test the Department's ability to quickly respond to a massive health emergency. For this exercise the Department will need the help of 250 DPH staff volunteers and 2000 community volunteers. Staff volunteers are needed to perform such tasks as helping triage volunteer patients, translate, conduct medical evaluations and screening, fill out paperwork, serve as "pretend" vaccinators, and generally assist with lots of logistical issues. There is a need to pool from everyone: clinicians, nurses of all levels, pharmacists, administrative assistants, secretaries—in other words, volunteers from every corner of DPH. In addition to DPH staff volunteers, 2,000 community volunteers are needed to act as patients who are representative of the diverse population of our City—families, the elderly, children, people with disabilities, and non-English speakers. Volunteers will be recruited primarily from the community, however, SFDPH staff will be used if there are not enough volunteers.

Staff volunteers will be paid for their time and will be needed to participate all day from 8:00 am to 5:00 pm. Community volunteers will need to participate for 2-hour shifts between 10:00 – 3:00. For more information or to volunteer, contact Judith Klain at 206-2303 or on DPH email.

"Hope on the Street" Conference

A popular and topical conference entitled, *Building Hope on the Street: The Culture of the Homeless, Mentally Ill*, will be held on Friday, May 9, from 8:30- 4:45 at the Hiram Johnson Auditorium, CA State Building, 455 Golden Gate Ave in San Francisco. Thanks to the generous support of KQED, this all-day event is free to DPH staff. Registration forms and additional information are available on line at DPHnet. Pre-registration is required and limited. The Registration deadline is April 28th.

Marc Trotz announced that Housing and Urban Health submitted a \$3.5 million grant proposal to the Interagency Council on Homelessness to do a seventh Direct Access to Housing site. They will know if DPH was awarded the grant in the next few months.

Dr. Cabaj announced that Community Behavioral Health Services received a \$400,000 grant award for both FY 2002-2003 and FY 2003-2004 to focus on African American males who are hospitalized. The goal is to reduce recidivism.

Ms. O'Connell gave an update on the Mental Health Rehabilitation Facility. Staff has been identifying appropriate placements and has moved patients to other programs. The third floor of the facility will be closed by the end of the week. By July staff will have cohorted the group of patients who will not need to be moved. Once the facility is relicensed, new patients will be added. Staff has been temporarily assigned to acute care.

Ms. Garcia also announced that Dr. Patricia Evans, Medical Director for Maternal and Child Health and a member of the CHN Joint Conference Committee, passed away unexpectedly. She will be missed.

Commissioners' Comments

- Commissioner Sanchez is disappointed that the MHRF has to be changed, but this is the economic reality and he thanked staff for the work they are doing to make the transition go smoothly.
- Commissioner Chow, speaking about the MHRF, complemented the Department for taking adversity and implementing something positive. It takes a lot of dedication from staff and this effort again demonstrates how San Francisco approaches problems.

4) UPDATE ON MINOR CONSENT

Iman Nazeeri-Simmons, Adolescent Health Coordinator, presented an update on the implementation of the Department's Minor Consent Policy. In Primary Care training is underway for clinic nurse managers, principal clerks and center directors. Community Mental Health Services undertook training earlier this year, and another training series will begin soon. Community Substance Abuse Services is briefing all youth providers about the policy.

Ms. Garcia added that each of the disciplines in the Department had a different approach to minor consent, so there was a real need to develop a consistent policy and procedures that met the legal requirements of each discipline. So, while the policy was established in March 2001, it has taken two years to get to this point in the implementation.

Commissioners' Comments

- Commissioner Chow asked why it took two years to implement the policy. Ms. Garcia replied that the policy was developed by community groups, then needed to be reintegrated into the various DPH sections. There were a number of concerns and legal issues. Commissioner Chow asked how other counties handle minor consent. Ms. Chan Sew replied that in other areas it is left up to the clinician to interpret State law. Commissioner Chow said this policy would be helpful to private physicians who are looking for guidance in this area.

5) HEALTH AT HOME UPDATE

Kathy Eng, Director, Health at Home, presented an update on the Health at Home program. Health at Home's mission is to provide compassionate and culturally-sensitive care, promote safe and independent living in the home environment and avoid institutional care. This is their eighth year of

service and they served more than 800 clients in FY 2002-03. Ms. Eng provided an overview of funding, a profile of the clients served and a profile of Health at Home staff. She also discussed the top ten primary diagnoses. 90 percent of clients have one of these diagnoses. Health at Home is seeing increased referrals for complex wound care, IV therapy and substance abuse and psychiatric co-morbidities. They have a specially trained HIV team and are seeing increased pediatric clients. Ms. Eng discussed efforts to be cost-efficient and maximize resources and develop community partnerships, in accordance with Strategic Plan goals three and four.

Challenges

- Growing home care needs
- Changing 3rd Party Payer Regulations
- Infrastructure needs
- Capitalize on opportunities
- CMS extension of the Olmstead Act
- "Borderline" patients refuse to be institutionalized
- Delays in discharging CHN patients from Health at Home
- Staff recruitment and retention
- Expanding home care technology
- Managing a shrinking Health at Home budget
- Managing the 03-04 budget by maximizing revenues, prioritizing services and expanding capacity by monitoring lengths of stay

Commissioners' Comments

- Commissioner Sanchez asked that the demographic and financial information be presented in real numbers, rather than in percentages, when this report is presented to the Health Commission.
- Commissioner Chow echoed Commissioner Sanchez's requested, stating that absolute numbers tell more of the story. For the Health Commission presentation, the focus of the report should be on what services are being provided by what staffing level, how the program is being funded, what the unmet needs are and where the shortfall remains.

6) EMERGING ISSUES

None.

7) PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 5:20 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

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HEALTH COMMISSION
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PUBLIC NOTICE

JOINT CONFERENCE COMMITTEE
FOR THE
COMMUNITY HEALTH NETWORK
COMMITTEE MEETING

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The Joint Conference Committee for the Community Health Network meeting originally scheduled for Tuesday, May 27, 2003 has been rescheduled as follows:

Thursday, May 29, 2003
San Francisco General Hospital
1001 Potrero Avenue
Conference Room #2A6*
3:00 to 5:00 p.m.

* Please note the change in location for this meeting.

An agenda will follow.

For information call the Health Commission Office at 554-2666

Posted May 16, 2003

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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AGENDA

29/03

**JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING**

Thursday, May 29, 2003
3:00 p.m. – 5:00 p.m.

at

San Francisco General Hospital*
1001 Potrero Avenue
Conference Room #2A6
San Francisco, CA 94110

2-11110-10

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**Please note the change in location for this meeting.*

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF APRIL 22, 2003**
**Minutes of April 22, 2003*
- 3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Health Network, Community Programs)
(Activities and Operations of Community Health Network))

**Report*

- 4) FOR DISCUSSION: BEHAVIORAL HEALTH UPDATE
(Bob Cabaj, M.D., Director, Behavioral Health Services)
**Update*
- 5) FOR DISCUSSION: SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE
(Tony Wagner, Chief Executive Officer of Hospital Systems)
**Update*
- 6) FOR DISCUSSION: MATERNAL CHILD HEALTH UPDATE
(Mildred Crear, Director, Director, Maternal Child Health)
**Update*
- 7) FOR DISCUSSION: EMERGING ISSUES
- 8) PUBLIC COMMENTS**
- 9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

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American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

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To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

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The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

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Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Thursday, May 29, 2003

3:00 p.m. – 5:00 p.m.

at

San Francisco General Hospital
1001 Potrero Ave., Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:12 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Twila Brown, Bob Cabaj, Sai-Ling Chan-Sew, Mildred Crear, Barbara Garcia, Maria X. Martinez, Jorge Partida, Marc Trotz, Carlos Villalva, Tony Wagner

Guests: J. Charles Cosovich, Ignatius Tsang, and Al Williams

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF APRIL 22, 2003

Action Taken: The Committee approved the minutes of the April 22, 2003 Community Health Network Joint Conference Committee meeting.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the Secretary's Report.

STAFF UPDATES

Remembering Two Outstanding Public Health Leaders

Two dynamic and inspirational members of the Maternal and Child Health (MCH) section of DPH recently passed away.

Dr. Patricia E. Evans, Maternal and Child Health Medical Director, passed away unexpectedly on April 19, 2003. Dr. Evans made immeasurable contributions to the MCH Section. "Putting a face" on MCH programs was one of the wide-ranging actions she spearheaded. In her joyful manner, she relentlessly promoted health care issues, the MCH programs and the population it serves. Dr. Evans served on numerous local and national community advisory, educational and professional boards. Her legacy is one of boundless generosity--of time, compassion, love, grace and humor. She leaves MCH with her inspirational character challenging us to uphold her high standards of excellence in all the work MCH does.

Dr. Henry "Hank" Richanbach, retired Medical Director for Children's Medical Services (California Children's Services (CCS) and the Child Health and Disability Prevention (CHDP) Program, passed away on April 14, 2003. Dr. Richanbach served as Medical Director from 1988 until his retirement in 1998. As a developmental pediatrician, he was an early authority on attention deficit disorder in children, studied childhood disabilities, and helped formulate state legislation to provide resources to disabled children.

Peg Hickox, RN, MSN

Peg Hickox, RN, MSN, Program Director for the OMI Family Center, was honored by the San Francisco Board of Supervisors on May 6, 2003 with a Certificate of Honor publicly recognizing his outstanding service to the people of the City and County of San Francisco. Ms. Hickox was commended for commitment to nursing and serving mental health patients as the Director of the OMI Family Center in recognition of Nurses' Week and for being an inspiration to all.

Michele Friedman, BSN

Michele Friedman, a Program Analyst for Community Programs, and formerly the Director of Quality Improvement for Community Mental Health Services, was one of 29 nominees for the first O'Connell Society Award for Advancing the Profession of Nursing 2003. Michele was one of three finalists for the award.

PROGRAM UPDATES

San Francisco General Hospital Diversion Report

The Emergency Department [ED] recorded 41 episodes of diversion for 191.9 hours representing a rate of 26.7% in April 2003. This is a 3.3% decrease in diversion since March 2003.

The 41 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	41	191.9	26.7	3.3%
Trauma Override	7	33.7	4.7%	2.4%

The ED was impacted by capacity and high patient acuity during the episodes of Total Diversion and Trauma Override. During this time, 269 patients were pending admission to inpatient beds [ICU-25, 4B/StepDown-105, MedSurg-139]. In April 2002, the ED was on Total Diversion 40% of the month. Trauma Override was invoked 1.8% of the month in April 2002.

Total Diversion was recorded for 41 episodes, a total of 191.9 hours or a 26.7% rate for April 2003, and a 3.3% decrease in Total Diversion since March 2003. While on Total Diversion the ED held 269 patients in April 2003. While on Total Diversion in April 2002, the ED held 254 patients awaiting inpatient beds.

Trauma Override was recorded for seven episodes, a total of 33.7 hours or a 4.7% rate for April 2003. This is a 2.4% decrease in Trauma Override since March 2003. While on Trauma Override the ED held 57 patients in April 2003. While on Trauma Override in April 2002, the ED held 39 patients awaiting inpatient beds.

Advanced Access

CMHS initiated Advanced Access in November of 2002 with the goal to eliminate delays in accessing CMHS adult outpatient services. Three different types of delays have been virtually eliminated as a result of this initiative. These are delays in intake appointments, first psychiatrist appointment, if needed, and any follow-up appointments. Average wait time for intake appointments used to be approximately three weeks, which has now been reduced to less than 48 hours. In support of Advanced Access, Pharmacy Services has developed a new protocol for new and inactive clients to obtain medication the same day as the intake. The Children's Services section has also initiated its own advanced access initiative. Information on their initiative will be reported when it becomes available. Additional information about Adult Services' Advanced Access initiative can be found at: www.sfadvancedaccess.org.

Office-Based Opiate Addiction Treatment Pilot Starting

To increase opiate abuse treatment in San Francisco and counteract the shortage of treatment in the City, the Office-Based Opiate Addiction Treatment (OBOAT) Program was developed. As a pilot program, OBOAT will provide methadone maintenance treatment and Buprenorphine for 90 patients in three clinics, Potrero Hill Health Center, Tom Waddell Health Center, and BAART, one private physician's office, and the County Jail in San Francisco. Methadone will be dispensed at San Francisco General Hospital (SFGH) Outpatient Pharmacy, and after a brief induction period at a specialized clinic. Buprenorphine will be dispensed at the Community Mental Health Services Pharmacy. In addition, SFGH Opiate Treatment Outpatient Program (OTOP) will accommodate 10 slots for OBOAT patients or candidates for OBOAT patients who need to be stabilized and evaluated.

IMD Alternatives for African American Clients

San Francisco Community Behavioral Health Services received notice at the end of April of a grant award for developing community alternatives to Institutions for Mental Disease (IMDs, i.e., psychiatric locked facilities). San Francisco and Merced Counties were the two counties selected for grant awards. SFCBHS applied for a grant over a year ago, responding to a request for

proposals issued by the State Department of Mental Health. The grant of \$399,444 is for each of two years, and will provide the opportunity to develop a model of culturally competent strategies to successfully transition African American clients from IMDs to community settings and to develop an intensive case management team to work with this target population. A review of data of locked psychiatric long term care facilities treating San Francisco clients indicates that a disproportionate number of African American males are placed in these facilities, that they stay longer, they are harder to place in the community and they recidivate faster. The Department is very pleased at this opportunity to develop approaches to help African American clients more successfully return to community living.

EVENTS, TRAININGS AND PRESENTATIONS

Health Emergency Practice Exercise June 17, 2003

Current world events have heightened sensitivities about how crucial it is for the Department to be prepared for a sudden disaster. On Tuesday, June 17th, the Department will conduct a practice exercise to test its ability to quickly respond to a massive health emergency. For this exercise the Department will need the help of 250 DPH staff volunteers and 2000 community volunteers. Staff volunteers are needed to perform such tasks as helping triage volunteer patients, translate, conduct medical evaluations and screening, fill out paperwork, serve as "pretend" vaccinators, and generally assist with lots of logistical issues. The Department needs to pool from everyone: clinicians, nurses of all levels, pharmacists, administrative assistants, secretaries—in other words, volunteers from every corner of DPH. In addition to DPH staff volunteers, 2,000 community volunteers are needed to act as patients who are representative of the diverse population of our City—families, the elderly, children, people with disabilities, and non-English speakers. Volunteers will be recruited primarily from the community; however, SFDPH staff will be used if there are not enough volunteers.

Staff volunteers will be paid for their time and will be needed to participate all day from 8:00 am to 5:00 pm. Community volunteers will need to participate for 2-hour shifts between 10:00 am and 3:00 pm. For more information or to volunteer, contact Judith Klain at 206-2303 or on DPH email.

Homeless Perinatal Conference

On March 9, 2003, the seventh annual regional Homeless Prenatal Conference - *Survivors: Homeless Children and Their Families* was held in Oakland. There were 150 people registered representing five Bay Area Counties: Alameda, Contra Costa, San Mateo, Santa Clara and San Francisco. The conference was hosted by Assemblywoman Wilma Chan, and April Silas, Director of the Homeless Children Network in San Francisco, was the keynote speaker. Ms. Silas was dynamic and inspirational and set the tone for future collaboration for agencies working to improve services for homeless women and their children.

Folic Acid Conference

Nutrition Services in the Maternal Child Section of the SF DPH held a conference on May 8, 2003 titled: *In Sickness and In Health: Folic Acid in the Life Cycle*. Nationally recognized researchers from Tufts University, Baylor University, the Children's Hospital Research Institute and University of Hawaii presented on how folic acid can reduce risk of Alzheimer's disease, stroke, depression, dementia, heart disease, cervical dysplasia, genetic mutations in male sperm, Down's syndrome, childhood leukemia, and neural tube defects. For further information or to request a copy of the conference binder, including speaker bios, presentations, references and bibliographies, contact Laura Brainin-Rodriguez, MPH, MS, RD, at 575-5690.

Earn While You Learn Workshops.

Community Vocational Enterprises (CVE) and the Mobile Support and Treatment Team Homeless Integrated Services Project (MOST AB 2034) are engaged in a unique and innovative collaboration that provides paid training and vocational development for MOST AB 2034 clients. These clients are all seriously mentally ill, with histories of homelessness. Prior to enrolling in the MOST Program they had been treated in acute psychiatric and medical services or had arrest histories, but they had not linked with community based mental health programs. Many have little or no employment history.

Over the past two months, CVE has been facilitating interactive workshops for a group of eight MOST AB 2034 clients. The collaboration is intended to familiarize the MOST AB 2034 clients with the programs and staff of CVE, so that the transition of the participants from the training program to initial employment in one of CVE's transitional businesses goes smoothly and successfully. More information about the collaboration can be obtained by calling Stephen Poulin, CVE Program Director, at 544-0424 ext. 107, or via email at: spoulin@cve.org.

McMillan Enhancement Pilot Project Update

Background

The Board of Supervisors, under the leadership of Gavin Newsom, appointed the Hospital Diversion Task Force in the summer of 2001 to identify key issues and develop policy recommendations addressing the increasing rates of hospital diversion and the medical burden of chronic public inebriates. Chronic public inebriates place a considerable resource burden on the entire emergency system. They significantly represent low acuity calls and transports. One of the recommendations from the Task Force is to establish a "sobering up" component at the current McMillan Drop-In Center. The Center will begin as a pilot project to provide medical and psychosocial enhanced services to public inebriates. This medically supervised sobering portion, with coordinated linkages to social services, will provide a structure to connect inebriates to the treatment and recovery continuum.

Project Goals

The goals of the McMillan enhancement pilot project are to:

- 1) Provide better care for chronic public inebriates and to improve their health outcomes;
- 2) Decrease the number of ambulance trips transporting chronic public inebriates to the emergency department; and
- 3) Decrease the number of inappropriate chronic public inebriates seen in the emergency room.

Project Planning

The project anticipated start date is July 1st. A series of activities are in place to ensure the proper planning and design of the project. They include establishment of the following working committees:

- 1) *Oversight Committee*: As the governing body of the project, this committee oversees project planning and implementation.
- 2) *Medical Advisory Committee*: The role of this committee is to design the project; develop medical protocols and tools; and train staff.
 - a. *Evaluation Sub-Committee*: Develop an evaluation methodology to assess project goals.
 - b. *Case Management Sub-Committee*: Develop a case management plan for the target population.

New Outpatient Prescription Benefit System

The new outpatient prescription benefit system for CHN indigent patients requires a single community-based pharmacy to enter into a contract with the City and DPH to provide prescription services to patients of the specific CHN primary care clinic to which the pharmacy is contracted. The number and character of City-required contract elements are causing contract negotiations with community-based pharmacies that will provide prescription services in the new system (AG Pharmacy and Rite Aid Corporation) to take more time than initially projected. Additionally, one pharmacy that was to provide mail order pharmacy services to one of the clinics was recently acquired by Longs Pharmacy, and Longs has decided to withdraw from further contract consideration. The clinic that was initially scheduled to use the mail order pharmacy (Silver Avenue Family Health Center) will, therefore, be contracted with a Rite Aid Pharmacy. The target start date for the new system is July 1, 2003 and the Department will continue to keep Commissioners apprised of new developments during the implementation process.

Commissioners' Comments

- Commissioner Chow asked whether there was an agenda coming from Assemblywoman Wilma Chan related to her sponsorship of the Homeless Perinatal Conference for which she is seeking support. Mildred Crear responded that Assemblywoman Chan was supporting Bay Area MCH directors, and by hosting the Conference, they were able to use the State Building free of charge. The MCH directors did discuss policies related to homeless families and housing, and may make policy recommendations. Commissioner Guy added that universal health care legislation and the linking/delinking of Medi-Cal through welfare reform will have the largest impacts on homeless families.
- Commissioner Chow asked about the changes in the outpatient pharmacy benefit, asking whether only one or all Rite Aid pharmacies are participating. Barbara Garcia responded that she believes all Rite Aid pharmacies are participating, and that the largest change is related to the mail order program. Commissioner Chow requested that this be put on the agenda for the July CHN JCC meeting.
- Commissioner Chow requested a follow-up report on the changes at the McMillan Center for the September CHN JCC. Barbara Garcia noted the dual role of the new McMillan as a place to work with those who are dropped off, and to provide more intensive services to the highest users to get them into appropriate services. Commissioner Guy asked whether there would be a legitimate evaluation of how that will happen. Barbara Garcia responded yes; there will be an evaluation of the decrease in ambulance transfers, positive health impacts, and decreased ED use. She added that EMTs/paramedics will be able to access McMillan in three ways: direct drop off

at the center, drop the patient at the hospital and MAP will transfer to McMillan, and call MAP directly for a transfer. Additionally, the plan is to use MAP to get inebriates who show up at the hospital into appropriate services. Although the full cost of such a center is approximately \$1.5 million per year, the Department has \$800,000 and the transfer of some existing resources. Commissioner Guy noted the need to show that \$1.5 million is the legitimate cost. Commissioner Chow responded that the original purpose was hospital diversion. Hospitals need to feel relief to be convinced that the County is making an effort. Barbara Garcia responded that no funds are allocated specifically for evaluation, and that there are a lot of expectations for a little money.

4) SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE

Tony Wagner, Chief Executive Officer of Hospital Systems presented. He requested a change in the agenda to place this item prior to the Behavioral Health Update, which Commissioner Chow accepted.

In 1994, following the Northridge Earthquake, the California Legislature passed, and the Governor signed into law Senate Bill (SB) 1953, which was an amendment to the Alfred E. Alquist Hospital Seismic Safety Standards by retrofitting existing buildings by 2008. A subsequent amendment allowed an additional five years (2013) for compliance for those hospitals planning to rebuild a new hospital. Hospitals failing to comply will have to close acute care services after 2008.

The California Healthcare Association estimates that SB 1953 impacts 80% of California hospitals, and about half must be rebuilt or retrofitted at an estimated cost of \$24 billion. Most significantly, San Francisco General Hospital Medical Center (SFGHMC) is in the seismic category of hospitals that must be rebuilt. SB 1953 is an unfunded mandate.

Although this legislation creates a real challenge for the City and County of San Francisco, it also presents an important opportunity to better meet the health needs of San Franciscans and improve the way health services will be delivered in the future. It is with this potential in mind that DPH and consultant staff have approached phases two and three of this planning process.

Phase one of the planning process was initiated by the Health Commission with the approval in January of 2001 of Resolution #1-01, "Supporting the Rebuilding of San Francisco General Hospital", which supported the rebuild of SFGHMC by 2013. That phase of planning focused primarily on meeting the mandates of SB 1953. From the inception of the planning process, priority was given to ensuring that San Francisco's many stakeholders were included in all phases of planning.

In January of 2002, Phase II began with the development of the Long-Range Service Delivery (LRSD) Plan. The focus of this phase was to develop a long-term service delivery plan for the City's public health safety net delivery system as it impacts the rebuilding SFGHMC. This phase focused on the types of programs, partnerships and configuration of programs that would optimally meet the future healthcare needs for the people served.

Some of the highlights of this phase of planning process were to:

- Initiate discussions with UCSF to explore the feasibility to partner or collocate SFGHMC and UCSFMC at Mission Bay.

- Concurrently, explore options for rebuilding SFGHMC at the current Potrero site.
- Incorporate best practices for moving ambulatory care services out of the hospital and into community settings.
- Expand the SFGHMC Level I Trauma service and develop a medical air transport system.
- Explore opportunities to collaborate with UCSF on a Mother's and Children's Hospital.

During this phase of planning the Department involved a broad range of individuals internal and external to DPH. The Department also outreached to numerous neighborhood and community groups.

The Health Commission accepted and approved Phase II at its meeting on July 16, 2002. Phase III: Facility Planning began in August of 2002. The goal of this phase of planning has been to ensure that the facility plans stay true to the vision of the LRSD program recommendations, and to interpret DPH strategic healthcare planning objectives into a forward-thinking facility.

In an effort to give maximum due diligence to all facility possibilities, the architectural team first considered 41 possible scenarios and narrowed them down to six. The six scenarios can be condensed down to two basic possibilities for a new SFGHMC site:

- An acute care hospital and trauma center on the current Potrero site with two variations.
 - All services located together
 - Services split
- An acute care hospital and trauma center on the Mission Bay site with four variations.
 - All services located together
 - Services split
 - Collocation with UCSF
 - Relocate alone

The six scenarios represent various configurations of a new SFGHMC at each of these sites. In the scenarios, SFGHMC either stands alone or shares the Mission Bay Site with UCSF Facilities.

Community outreach has been extensive. The goal of the Department outreach has been to inform relevant stakeholders about the Rebuild Planning efforts and receive their input for use in the Rebuild Planning process. Presentations were made to neighborhood, consumer and citywide groups. The Department reached a total of 228 individuals in 12 meetings. Most individuals seemed favorably disposed/not opposed to the Rebuild. Consumer groups prefaced the Potrero site, and citywide groups would like to see more coordination with UCSF and other hospitals.

Finally, the Department is reporting on the discussions between DPH and UCSF regarding the feasibility of the collocation the two medical centers on a single site. It is felt that unless the two organizations can come to some agreement on issues of long-term interdependency, which are characterized by their relationship to funds flow between and otherwise into each institution,

additional meetings regarding collocation would not be fruitful. Based on information today, it is unlikely that the two organizations will come to some agreement on collocation. However, to complete the Department's due diligence to the citizens of San Francisco, all six concepts will be developed.

On the issue of collocation, Tony noted that there are conflicting perspectives between the two institutions. SFGH/DPH has a single perspective of patient care, while UCSF has two perspectives, as an academic enterprise and as a financially viable medical center. The best practical case would include two adjacent hospitals, a single ED/trauma center on the SFGH side, single children's services on the UCSF side, some shared ancillary/support services, and long-term flexibility to share built into the facility. The first hurdle, which must be overcome in order to even consider the remainder, is long-term interdependency; UCSF would require a long-term agreement with the County to protect it from financial risk and fluctuations. UCSF is concerned that its care to the uninsured would rise if it collocates with SFGH. Ultimately they concluded that no additional collocation-specific discussion occur at this time.

Maria Martinez asked whether there was a recommended scenario. Tony Wagner responded no; there are six scenarios and the team is looking to the Commissioners to help narrow those. Charles Cosovich added that this is the best case for collocation, and the Department needs to feel comfortable with overcoming these hurdles for it to work. Maria noted that the pros of collocation are not presented.

Commissioners' Comments

- Commissioner Guy noted that there is a recommendation – no further discussion on collocation at this time. Tony Wagner noted the need to develop all six scenarios to do due diligence and to respond to public questions about collocation.
- Commissioner Chow responded that at this time and given the current timeline, the Department needs to move past collocation. He noted that there are really three options: Potrero as a single campus, Mission Bay as a single campus, and acute services at Mission Bay with ambulatory care at Potrero. He noted that the economics (particularly DSH), are not favorable now for the Mothers' and Children's Hospital, but that is really a separate issue, which can be addressed later. Al Williams noted that there is a need to make a distinction between location and collocation. In the public's mind, a move to Mission Bay would be seen as collocation. He noted that all of the current relationships with UC (sharing medical staff, high-end specialists, etc.) could remain intact regardless of the option chosen.
- Commissioner Sanchez noted that Mission Bay was not acquired for patient care, but for biomedical research. While collocating patient care with access to biomedical research may have some advantages, he is glad that collocation with UCSF no longer has to be considered.

5) BEHAVIORAL HEALTH UPDATE

Bob Cabaj, Director of Behavioral Health Services, and Jorge Partida, Deputy Director of Behavioral Health Services, presented. The update included planning for integration, the integration plan (including challenges and recommendations), and next steps. Dr. Cabaj discussed the reasons for integration, including data that show that many individuals with mental health or substance abuse disorders have both.

The goal of integration is to integrate the administrative, clinical, and fiscal functions of CMHS and CSAS into a comprehensive behavioral health delivery system by July 1, 2005 to improve clinical outcomes, maximize resources, and increase client, provider, and employee satisfaction. He noted that this is consistent with the DPH Strategic Plan, most notably in the area of prevention. The focus of the integration is clear, consistent standard in both substance abuse and mental health, and integration addresses the structural differences between CSAS and CMHS.

Dr. Cabaj discussed the key elements of integration and the planning committees involved, and Dr. Partida discussed the community input process, noting that it focused on community concepts of health, wellness, and being. Dr. Cabaj discussed the timeline, noting that many of the milestones have been completed, with integration achieved in June 2005. Drs. Cabaj and Partida discussed the challenges and recommendations for integration, including those related to client relations, clinical services, cultural competency, provider relations, quality management, placement, evaluation, research, and grant development.

Next steps for the process include presentation of the update to the full Health Commission on June 17, complete integration of CSAS and CMHS into CBHS by June 2005, and planning for integration of CBHS and Primary Care. Future milestones include agreeing on a clinical model, setting evaluation criteria, training staff, and determining services to be brokered.

Commissioners' Comments

- Commissioner Chow asked about the low concurrent diagnoses in San Francisco as compared with the rest of the nation. Dr. Cabaj noted that the figures presented for San Francisco are concurrent treatment, not necessarily concurrent disorders.
- Commissioner Chow asked about the merging of two distinct cultures. Ms. Garcia responded that it will be an implementation challenge to integrate these two cultures.
- Dr. Chow asked whether evaluation of contracts won't add another layer on top of state requirements. Dr. Partida responded that the section is working on ways to apply the mental health standards to substance abuse, and make that the standard. He noted the need to take back QM from the providers and develop the Department's own standards. Commissioner Guy responded that the CHN will have the biggest role in this discussion. Commissioner Sanchez stressed the role of patient satisfaction. Dr. Partida noted that creating uniform standards will help San Francisco develop a curriculum and standard of training.
- Commissioner Guy asked whether the City College program could act as the curriculum. Dr. Partida replied yes, it meets the State standard. Ms. Garcia noted that the Department does have a scholarship program with City College.
- Commissioner Guy noted the silos within silos in the Department, as for example how to interact with SFGH and LHH. There also needs to be education from within, which can't wait until 2005. This presentation and discussion needs to be taken to other parts of the Department, such as the LHH JCC.
- Commissioner Sanchez responded that he would like it to come to LHH. These issues are being discussed there, but not at the same level. Ms. Garcia noted that there was a community

planning process, but there needs to be similar focus groups with LHH and SFGH staffs. Commissioner Guy responded that this should be the next step.

- Commissioner Chow noted that primary care is not so far down the line. There needs to be outreach to all parts of the Department and into the schools, for example through the School Health Work Group. Sai-Ling Chan-Sew observed that people are at different points of readiness, and there is a need to start with those that are most ready.
- Commissioner Guy indicated a need to deal with the advisory groups that exist under the old model. Ms. Garcia responded that there is a plan to do that. Ms. Garcia concluded the discussion by thanking Drs. Cabaj and Partida for their leadership on this process.

6) **MATERNAL CHILD HEALTH UPDATE**

Postponed to the June 24 meeting in the interest of time, and requested to be the first presentation.

7) **EMERGING ISSUES**

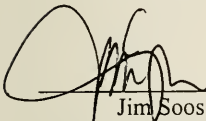
None.

8) **PUBLIC COMMENTS**

None.

8) **ADJOURNMENT**

The meeting was adjourned at 5:43 p.m.



Jim Soos
Acting Executive Secretary
to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, June 24, 2003
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES FOR THE JCC-CHN
MEETING OF MAY 29, 2003
**Minutes of May 29, 2003*

3) FOR DISCUSSION: CHN SECRETARY'S REPORT
(Barbara Garcia, Deputy Director, Community Health Network,
Community Programs)
(Activities and Operations of Community Health Network))
**Report*

- 4) FOR DISCUSSION: MATERNAL CHILD HEALTH UPDATE
(Mildred Crear, Director, Maternal Child Health)
**Update*
- 5) FOR DISCUSSION: PHARMACY OUTPATIENT BENEFIT UPDATE
(Sharon Kotabe, Associate Administrator, Pharmaceutical Services)
**Update*
- 6) FOR DISCUSSION: EMERGING ISSUES
- 7) PUBLIC COMMENTS**
- 8) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, June 24, 2003
3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

DOCUMENTS DEPT.

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:12 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.

Absent: Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Al Abramowitz, Mildred Crear, Larry Funk, Barbara Garcia,
Sharon Kotabe, Jennifer McCarthy, Gene O'Connell, David
Ofman, Frank Patt, Patricia Perez-Arce, Jim Stillwell, Andrew
Williams III and Phil Ziring

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF MAY 29, 2003

Action Taken: The Committee approved the minutes of the May 29, 2003
Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the Secretary's Report.

PROGRAM UPDATES

Pharmacy Update: Expanded access to 340B Drug pricing

A solution has been reached in DPH negotiations with Rite Aide for the new outpatient prescription benefit. The agreement will allow CHN to take advantage of lower 340B drug prices for prescriptions dispensed to uninsured patients through community-based pharmacies. This new program will begin as scheduled on July 1, 2003 and will decrease the Department's expense for pharmaceuticals by approximately \$1 million annually.

After July 1, uninsured CHN patients will have the choice of the pharmacy associated with their primary care clinic, or the Outpatient Pharmacy at San Francisco General Hospital, from which to continue to receive prescription services at no out-of-pocket cost. Patients are free to choose a non-associated pharmacy for services, but would not be eligible to receive CHN prescription benefits from these non-associated pharmacies. Therefore, the new system will offer more prescription services provider choice than was available prior to implementing the PBM system, and less choice than the current PBM system.

Pharmacy Update: Patients above 300% Federal Poverty

Another change for pharmacy services also occurring on July 1 eliminates outpatient prescription benefits for CHN patients above 300% of the federal poverty level (FPL.) For a single person, 300% FPL is \$2,244 per month (\$26,928 per year), and for a family of four, it is \$4,599 per month (\$55,188 per year.) A patient information flyer, translated into Chinese and Spanish, was mailed during the week of June 10 to approximately 1400 current CHN patients who fall into this income range.

San Francisco General Hospital Diversion Report

The Emergency Department [ED] recorded 37 episodes of diversion for 200 hours representing a rate of 26.9% in May 2003. This is a 0.2% increase in diversion since April 2003.

The 37 episodes of diversion are categorized as follows:

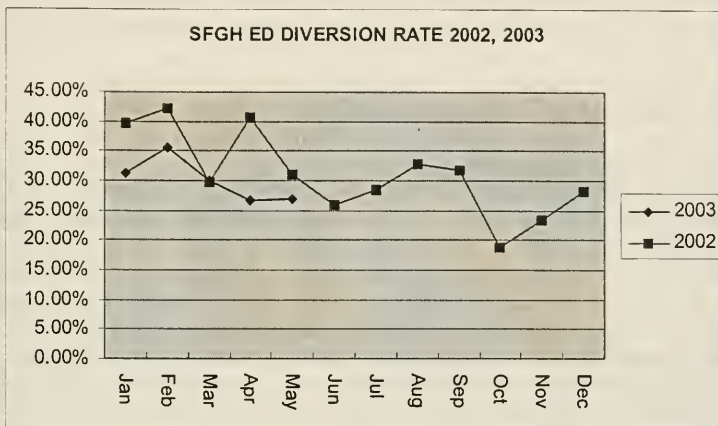
Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	37	200	26.9%	0.2%
Trauma Override	6	29.4	4%	0.7%

The ED was impacted by capacity and high patient acuity during the 37 episodes of Total Diversion and Trauma Override. During this time, 278 patients were pending admission to inpatient beds (ICU-28, 4B/StepDown-108, MedSurg-142). In May 2002, the ED was on Total Diversion 31% of the month. Trauma Override was invoked 2.8% of the month in May 2002.

Total Diversion was recorded for 37 episodes, a total of 200 hours or a 26.9% rate for May 2003, and a 0.2% increase in Total Diversion since April 2003. While on Total Diversion the ED held

278 patients in May 2003. While on Total Diversion in May 2002, the ED held 238 patients awaiting inpatient beds.

Trauma Override was recorded for six episodes, a total of 29.4 hours or a 4% rate for May 2003. This is a 0.7% decrease in Trauma Override since April 2003. While on Trauma Override the ED held 46 patients in May 2003. While on Trauma Override in May 2002, the ED held 34 patients awaiting inpatient beds.



Caring Partners Program

The Community Behavioral Health Service Pharmacy has come to an agreement with AstraZeneca Pharmaceuticals to participate in their "Caring Partners Program" for qualified indigent clients. Under this agreement, the pharmacy receives at no cost, on a monthly basis, a supply of the antipsychotic drug Seroquel approximately equal to the amount dispensed to our indigent clients during the preceding month. The first shipment, received in June, represents a cost avoidance of \$28,298.

Stigma Psychoeducation For African American Mental Health Clients

Dr. Saumitra SenGupta from the Community Behavioral Health Services and Dr. Jennifer Alvidrez, UCSF Researcher, will work as co-investigators on a new grant from NIMH to develop a psychoeducational intervention to reduce stigma concerns among public-sector African American psychiatric inpatients that have been referred to outpatient mental health services. The intervention protocol will be developed in consultation with African American consumers as well as providers and consumer advocates who work with the African American community.

CBHS program update: Horizons Unlimited of San Francisco, DJ Project

The DJ project is a part of Horizons prevention program for youth. Youth are provided with the opportunity to develop professional DJ training and skills and are taught how to utilize amplifiers and mixing and sound equipment as well as how to spin music. The program promotes the philosophy that music, which is an integral component of most Latin cultures, is an alternative to gangs, violence, and drugs. Currently they have cut two CD's, and the program has been featured on local news programs, such as Univision and Telemundo. The Yerba Buena Arts Center has given the DJ project an \$11,000.00 grant to provide DJ services at the center for the summer.

A youth from the DJ Project was selected as a semi-finalist in a contest sponsored by NIFTY, a national organization that works to encourage entrepreneurship within communities. NIFTY, sponsored a national challenge to youth to design a business. One of the youth from Horizons Unlimited's DJ project, Carlos Montenegro, submitted a business plan to begin a DJ business. His plan was one of two chosen as semi-finalists from California. He was flown to New York to present his plan along with other youth across the nation. Although he didn't win, this was an exciting honor, as it was his first experience with traveling on an airplane, and going to New York City. Carlos was accompanied to New York by Jeff Fineman, founder of the DJ project at Horizons.

EVENTS, TRAININGS AND PRESENTATIONS

Juneteenth Event on Reparations and Health

The African American Health Initiative and the Managers of African Descent of the San Francisco Department of Public Health, in collaboration with the California Coalition for HR40, and the National Coalition of Blacks for Reparations in America, sponsored a talk on June 19th in conjunction with other Juneteenth activities. The talk on the possible health benefits of reparations was given by two nationally recognized speakers, Dr. Vernellia Randall, a nurse and Law Professor from the University of Dayton, and Dr. Jewel Crawford, a medical doctor and co-founder of the African and African Descendents International Health Organization. In their presentations, Dr. Randall and Dr. Crawford linked the history, science and the Reparations Movement to opportunities for improved health and wellness in the Africa American community.

Providing Culturally and Linguistically Competent Services for Refugees and Assylees Who May Have Mental Health Needs

On July 28 –29, a free, two-day training targeting healthcare providers on day one, and medical interpreters and related staff on day two is being offered by the California Department of Health Services. The goal of the training is to educate health care providers in the effective identification of language and cultural interpretation needs of non-English speaking refugee and immigrant clients, and to provide interpreters with knowledge and understanding about clinical system issues in mental health in order to more effectively serve the clients in refugee/immigrant clinics. The trainer has several years of experience training healthcare professionals and clinic staff who work with non-English speaking clients.

Harm Reduction Training for Providers

A half-day training entitled "Translating Harm Reduction Theory Into Practice" is being offered to Community Program providers to help them incorporate harm reduction principles into their service provision. Eight trainings have been scheduled and are being offered free of charge in the months of June and July. Contact Carolyn Lieber for further information.

Family PACT Training

A free training for health center eligibility workers is being offered by the Maternal and Child Health section of the Department. The Training is for eligibility workers, eligibility supervisors, and any health center staff who assist patients to enroll in Presumptive Eligibility and Family PACT. The training will cover Presumptive Eligibility (PE) Medi-Cal requirements, Family PACT requirements, how to enroll patients into appropriate programs to best meet their needs, and how to correctly enroll patients into PE and Family PACT to maximize reimbursement.

Ms. Garcia concluded her report by announcing that Enola Maxwell, founder and director of the Potrero Hill Neighborhood House, passed away early in the morning of Tuesday, June 24, 2003.

Commissioner's Comments:

- Commissioner Chow noted that the chart on diversion is very helpful in understanding the pattern. He asked about the AstraZeneca "Caring Partners Program," and how the Department secured that deal. He asked whether it might be possible to do something similar through other manufacturers, and noted that he had tried to do something similar with Galaxo SmithKline with the Chinatown Public Health Center without success. Ms. Kotabe responded that the Department has similar programs with Bristol-Myers Squibb, Merck, and Eli Lilly. She is looking to expand such programs across the continuum, but largely through primary care. Dr. Ofman added that these relationships with pharmacy are best done centrally, as only a small portion of total prescriptions is given through the health centers. Additionally, the Department limits the access of pharmaceutical representatives to primary care directors. Commissioner Chow asked whether there could be follow-up with Galaxo SmithKline. Ms. Kotabe responded in the affirmative, adding that each company has different rules and priorities.
- Commissioner Chow asked about the stigma psychoeducation program for African Americans, asking specifically if there is a different view for African Americans than for other communities. Ms. Garcia responded that the Department has an NIMH grant to begin looking at that research, but there is a problem on the face of it in that African-American males leave locked facilities at a far lower rate than others. Commissioner Chow requested that this be brought back to the Community Health Network Joint Conference Committee in three to six months to look at the entire community.
- Commissioner Chow asked when the discussion on men's health will occur. Commissioner Guy responded that the group is in the reading phase, and first formal discussion will occur in August at the Population Health and Prevention Joint Conference Committee.

4) MATERNAL CHILD HEALTH UPDATE

Mildred Crear, Director of Community Health Services, Maternal and Child Health Section, began the Maternal Child Health (MCH) Update by introducing Dr. Phil Ziring, who is working on School Health, and Al Abramowitz, who worked with Dr. Pat Evans on a series of report cards on the state of maternal child health. Ms. Crear began by noting that this is largely a presentation on integration, as MCH has been seamlessly integrated with other sections, Departments, and providers for years.

She began by noting that strategic goals and objectives guiding the process include the Mayor's goal of improved customer service, and the Department's Strategic Plan goals and objectives. She noted that MCH is working to meet three of the Department's strategic goals (Strategies 1.1, 1.6 and 1.11:

- 1.1: Focus population-based public health services on the entire community and personal health care services on target populations and neighborhoods.
- 1.6: Improve integration of services for target, vulnerable, and at-risk populations who need multiple services.
- 1.11: Use data and evaluation more routinely and uniformly to guide program planning and priority setting.

The mission of MCH is to promote the health and well being of women of childbearing age, infants, children, adolescents, and their families in San Francisco. To accomplish this, MCH takes a family-centered approach to services and assures that "no door is the wrong door."

Integration is carried out through pre-planning with managers in MCH and at worksites, developing mutual goals and objectives, ongoing communication between MCH management and worksite managers, working with out-stationed staff to ensure integration into job sites, and ongoing joint evaluation and mutual problem solving. Internally, integration is occurring in Environmental Health, Finance and Contracts, Health Promotion, Immunization, and Mental Health. Within the CHN, integration is occurring within CCS, Ear Diagnostic Center at Ocean Park and Chinatown Public Health Centers, Family Planning Services, HIV Testing and Counseling Services, WIC, and SIDS and FIMR. Within SFGH, integration is occurring in CCS, CHDP, CHN Perinatal Linkage Committee, Family Planning/HIV Testing and Counseling Services, Hospital Liaison, Prenatal Care Guidance Coordinator, and WIC. Externally, integration is occurring within childcare programs, Child Death Review, CBOs, DHS, SFUSD, and Support for Families/Family Voices.

In addition to integration, MCH also engages in interaction through staff consultation and technical assistance, systems connections, facilitation of access, quality monitoring, training, referrals, outreach, and service delivery. Internally, interaction occurs with the AIDS Office, Community Health Epidemiology, Policy and Planning, Records and Statistics, and STD Prevention and Control. Within the CHN, interaction occurs with SFGH, CHDP, CCS, Children's Dental, and Family Planning Services. Externally, interaction occurs with federal agencies, health and dental plans, HEAP, hospitals, medical providers, SFUSD, state agencies, community colleges, DCYF, Support for Families, and High Risk Interagency Coordinating Council.

Ms. Crear discussed the Department's Family Centered Care initiative. She noted that MCH is heading up the Family Centered Care program for the State. They have redeveloped all of the forms for serving special needs children, convened the Family Centered Care Council, and hired a parent to work on family centered care.

Ms. Crear presented the 2002-03 budgets for MCH. Family Planning has a total budget of \$605,477, including funds from the AIDS Office, TeenSmart, Youth Initiative, California Family Health, and Title X HIV Prevention. Nutrition Services has a total budget of \$2,538,569, including funds from WIC, Nutrition Network, Project Lean, and the General Fund. Oral Health Research has a total budget of \$127,040, all in federal funds. The MCH grant has a total budget of \$2,266,447, including federal funds, state funds, and DHS work orders; General Fund contribution to MCH includes \$696,962, which provides the match to draw down state and federal funds. The CCS Case Management/Utilization Review Unit has a total budget of \$4,771,563, including federal, state, and county General Fund. CCS Diagnosis, Treatment, and Therapy has a total budget of \$5,724,340, including state, Social Service Trust Fund, and county General Fund dollars. MCH Special Projects has a total budget of \$415,416, all in Proposition 10 funding, including a project on universal home visitation for recent births. CHDP/EPSFT has a total budget of \$3,570,171, including federal, state, and county General Funds. The CCS Medical Therapy Unit has a total budget of \$202,340, all federal funds. The Health Care Program for Children in Foster Care has a total budget of \$415,416 in federal and state funds. Ms. Crear included a budget summary for MCH, showing a total budget of \$19,874,984, including \$11,713,747 in federal funds, \$3,843,952 in state funds, \$1,023,841 in work orders, and \$3,293,444 in local General Fund. Ms. Crear noted that no revenues are shown in these budgets, and several programs do capture revenue.

Ms. Crear's recommendations from this report include: ensure that appropriate data collection systems are in place and key staff are trained to assure revenues are maximized; provide additional general fund dollars to MCH to ensure its goals and objectives are met in a timely manner; develop an incentive program in DPH by having a certain percentage of earned dollars to back into the program; support efforts to increase Title V funding for the State of California and San Francisco.

Commissioner's Comments

- Commissioner Chow asked how MCH is integrated with finance and contracts. Ms. Crear responded that there is staff physically located in finance that is paid for through MCH. Ms. Garcia added that MCH uses its overhead on contracts to support staff in Central Administration.
- Commissioner Chow asked how MCH is integrated with the primary care centers. Dr. Perez-Arce responded that staff paid for through MCH may be located at certain health centers, but they may also work elsewhere in the community. She gave the example of the audiologists. Commissioner Chow asked whether those services are only available to patients of those health centers. Ms. Crear responded in the negative, adding that referrals are made across centers.
- Commissioner Chow asked where in the organization does the CCS nurse at SFGH reside. Ms. O'Connell responded that she reports back to MCH, but is part of the team at SFGH. The focus is the patient. She added that lots of Community Programs staff is located at SFGH. Ms. Garcia added that seamlessness is important to service delivery. Commissioner Chow asked whether administration is not difficult. Dr. Perez-Arce responded in the negative.
- Commissioner Guy noted that this system is working, is integrated, and is seamless. It needs to be made transparent so that the model can be preserved and replicated elsewhere.
- Commissioner Chow asked whether in working with health and dental plans, that includes only SFHP. Ms. Crear responded in the negative, saying MCH is working also with Blue Shield, Blue Cross, and the dental society, among others.
- Commissioner Guy asked whether by "special needs" MCH is including only the physically disabled or are conditions like severe asthma also included. Ms. Crear responded that "special needs" includes the CCS eligible, so it could be the physically disabled, like cerebral palsy, or severe uncontrolled asthma, hearing loss requiring a hearing aid, etc.

Al Abramowitz reported on the next in the series of report cards being issued by MCH. Previously, MCH issued a report card on maternal and infant health. Now being released are youth and adolescent health and women of childbearing age. Coming out later in the fall will be children's health.

Mr. Abramowitz described the method by which grades were assigned including how far measurements of health indicators in San Francisco as compared with Healthy People 2000 determines the letter grade assigned and whether an indicator is on track or not to meet the Healthy People 2010 standard determines the "+" or "-."

He briefly went through the report card on women of childbearing age, noting the number of women of childbearing age by race, the leading causes of death, and the four *Healthy People* objectives for this population: fetal death, C-section deliveries, breastfeeding, and gonorrhea rates.

Commissioner's Comments

- Commissioner Chow noted that the C-section rates may be going up, and that *Healthy People* may need to reconsider those benchmarks as this may not be as bad as was previously thought.

Dr. Ofman noted that it may be related to access to prenatal care.

- Commissioner Guy noted that this is impressive as it raises the tenor of the dialogue on issues for these populations. She asked who is targeted to get copies of the report cards. Ms. Crear responded that partners in the community are one target, particularly as DPH looks to meet the 2010 targets. Commissioner Guy added that it will be important to distribute them internally as well, as they form a basis for dialogue across sections.
- Commissioner Chow asked what happens with these data after gathering them. How does DPH target improvement? For example, San Francisco received a “D” in fetal deaths, so DPH needs to address this. Substance abuse may be one explanation, and if so, MCH needs to work with the new Community Behavioral Health Services to address it. Ms. Crear responded that the High Risk Infant Intervention, FIMR, and Black Infant Health Program already exist, so there is a structure. Now DPH needs to look at how to improve the grade. Ms. O’Connell added that it needs to be looked at from a citywide perspective, not just for the Department or SFGH. If SFGH makes changes, but other hospitals don’t, DPH won’t see any improvement. Dr. Perez-Arce noted that DPH needs to pay attention to what’s within its purview to change. It will be helpful to know more detail about how individual grades apply to DPH clients.
- Commissioner Chow asked when it would be appropriate to bring this presentation before the full Commission. Mr. Abramowitz responded that the final report card on children’s health will be ready by fall.
- Commissioner Guy concluded by noting that these provide the broad context for work to be done. As a Department, DPH is responsible for the health of all residents, but also need to look at what’s possible to change within DPH’s purview.

5) PHARMACY OUTPATIENT BENEFIT UPDATE

Sharon Kotabe presented the pharmacy outpatient benefit update.

Expanded access to 340B Drug pricing

In a previous report (May 29, 2003), it was brought to your attention the reluctance of Rite Aid Corporation, CHN’s principal community pharmacy partner for the new outpatient prescription benefit program, to sign a City boilerplate contract. Since that report, and with the help of the City Attorney, DPH was able to find a solution to this potential dilemma. All funds paid to Rite Aid by CHN will actually pass through a contract with PCN (Pharmaceutical Care Network), the firm that currently administers the PBM program, and was selected to provide third party administrator services for the new program. The pass-through nature of payment for services made separate contracts with Rite Aid (and AG Pharmacy, the other community pharmacy partner) unnecessary. Instead of the usual City contracts, “Pharmacy Service Agreements” that satisfy Federal and California Board of Pharmacy requirements for the type of arrangement DPH will have with these pharmacies, have been signed. With the signing of the agreements with the pharmacies and approval of the contract for third party administrator services with PCN, the new pharmacy program will allow CHN to take advantage of lower 340B drug prices for prescriptions dispensed to uninsured CHN patients through community-based pharmacies will begin as scheduled on July 1, 2003.

To inform patients of this change, information flyers, translated from English to Chinese, Spanish and Russian, were forwarded to clinic staff on June 11, (Attachment A.) The flyer announces the new outpatient pharmacy program, and lists specific pharmacies associated with each primary care clinic. A 'frequently asked questions' sheet was also developed to help providers and clinic staff understand how the new program will operate and answer questions from their patients and others about it, (Attachment B.)

After July 1, uninsured CHN patients will have the choice of the pharmacy associated with their primary care clinic, or the Outpatient Pharmacy at San Francisco General Hospital, from which to continue to receive prescription services at no out-of-pocket cost. Patients are free to choose a non-associated pharmacy for services, but would not be eligible to receive CHN prescription benefits from these non-associated pharmacies. Therefore, the new system will offer more prescription services provider choice than was available prior to implementing the PBM system, and less choice than the current PBM system. However, because CHN will be able to access 340B drug pricing with this new program for prescriptions dispensed through community pharmacies associated with its primary care clinics, the Department will decrease its expense for pharmaceuticals by approximately \$1 million annually.

Patients above 300% Federal Poverty

Another change that will occur July 1 eliminates outpatient prescription benefits for CHN patients above 300% of the federal poverty level (FPL.) For a single person, 300% FPL is \$2,244 per month (\$26,928 per year), and for a family of four, it is \$4,599 per month (\$55,188 per year.) A patient information flyer, translated into Chinese and Spanish, was mailed during the week of June 10 to approximately 1400 current CHN patients who fall into this income range.

Commissioner's Comments

- Commissioner Chow asked why not contend with the nearest pharmacy to a local Health Center for the 340B program. Ms. Kotabe responded that the nearest pharmacies didn't bid on the RFP that was released. Only one independent pharmacy (AG Pharmacy) bid at all.
- Commissioner Guy asked about the obstacles to local and independent pharmacies bidding on the RFP. Ms. Kotabe noted that this is a new program in California, and many of the local pharmacies were unwilling to try to take on a new program.
- Commissioner Chow asked for comments on the new 340B program from primary care staff. Dr. Ofman responded that this is a clear decrease in services in the neighborhoods. He thanked Ms. Kotabe for doing the best possible job given the program requirements. Primary care will try to minimize the damage as much as possible, and hopefully there won't be a dramatic impact. Perhaps next year, there will be more pharmacies willing to participate. Ms. Kotabe added that she would like to see Safeway, Walgreen's, and the local independent pharmacies participate. Dr. Perez-Arce said that on the good side, it will require each participating pharmacy to be more accountable to the local Health Center. There still, however, is a question of what happens with people who use multiple Health Centers.
- Commissioner Guy asked about the impact on the SFGH pharmacy. Ms. Kotabe responded that there will probably be an increase in volume. Ms. O'Connell acknowledged the work of Ms. Kotabe, adding that the problem is the cost of pharmaceuticals. This will help to save the Department \$1 million per year in pharmaceutical costs, and she is hopeful that patients and the community will view it in the context of a bad budget year.
- Commissioner Chow asked for a return update at the Community Health Network Joint Conference Committee in October.

6) **EMERGING ISSUES**

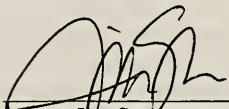
None

7) **PUBLIC COMMENTS**

None

8) **ADJOURNMENT**

The meeting was adjourned at 5:25 p.m.

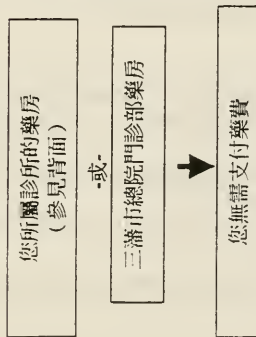
A handwritten signature in black ink, appearing to read "Jim Soos", is written over a horizontal line.

Jim Soos
Acting Executive Secretary
to the Health Commission

Attachments (2)



CHN 處方藥物福利計劃已經變更。從 2003 年 7 月 1 日開始，享有 CHN 處方藥物福利的病人可以憑處方在下列藥房取藥：



請注意：您可以憑處方到其它藥房取藥，但您需要支付藥費。

如需要找尋您所屬的診所
請聯絡 PCN 客戶服務熱線
1-800-777-0074

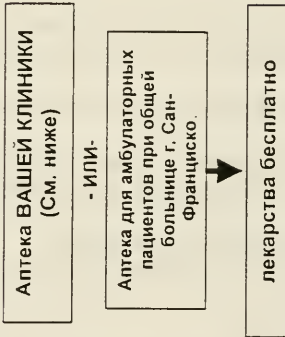
在找您所屬診所的藥房：

- 從表中找到您的診所，您所屬診所的藥房就列於診所名字的旁邊。
- 憑您的處方到該藥房取藥，無需支付藥費。
- 如果您以前在其它藥房取藥，請將您的藥瓶帶至您所屬診所的藥房取藥，您無需支付藥費。
- 如果您未能在表中找到您的診所，請聯絡您的醫生或診所。

Льготы на рецептурные лекарства
через CHN



В программе льготного обеспечения рецептурными лекарствами через CHN произошли изменения. Начиная с 1 июля, 2003 года пациенты, пользующиеся льготами CHN, могут приобрести по рецепту в одной из следующих аптек:



Внимание: Вы можете получить лекарства по Вашему рецепту в любой другой аптеке, но в таком случае Вам придется за них платить.

Нужна помощь в нахождении
Вашей клиники?
**ПОЗВОНИТЕ В ОТДЕЛ
ОБСЛУЖИВАНИЯ PCN:
1-800-777-0074**

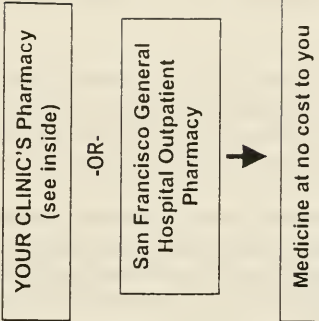
Как найти аптеку ВАШЕЙ КЛИНИКИ:

- Напротив адреса Вашей клиники в списке указан адрес аптеки.
- Принесите Ваш рецепт в эту аптеку и получите Ваши лекарства бесплатно.
- Если в настоящее время Вам выдают новые баночки лекарств в обмен на пустые в какой-либо другой аптеке, Вы можете принести Ваши баночки из-под лекарств в аптеку Вашей клиники и получить новые лекарства бесплатно.
- Если Вашей клиники нет в списке, поговорите с Вашим доктором или персоналом в клинике.

Information on Prescription Drug Benefit through CHN



The prescription drug benefit program through CHN has changed. As of July 1, 2003, patients with prescription benefits through CHN may take their prescriptions to either:



Please note: You may take your prescriptions to any other pharmacy, but you will need to pay for your medicine.

Do you need help finding which one is your clinic?

**CALL PCN CUSTOMER
SERVICE @ 1-800-777-0074**

FREQUENTLY ASKED QUESTIONS (FAQ)

New pharmacy program for patients with prescription benefits through the CHN

Why are we implementing this new pharmacy program?

The new pharmacy program will continue to provide community-based pharmacy services for patients while minimizing the cost to the City and County of San Francisco of providing prescription benefits to indigent CHN patients.

How will my patient know which community pharmacy will provide this service?

There are three ways to identify the patient's designated pharmacy. (1.) Pharmacy information will appear on the patient demographics screen in Invision. (2.) Patient can call PCN at 1-800-777-0074. (3.) Patient information flyer.

What happens if my primary care patient goes to a specialty clinic (e.g. SFGH cardiology)?

They will have the choice of going to their designated pharmacy, or the SFGH outpatient pharmacy.

What will be the new SFGH outpatient pharmacy hours starting July 1, 2003?

Monday thru Friday 9am to 8 pm; Saturday 9am to 1pm; closed on Sundays and holidays

Where will my patient get prescriptions if they are seen at urgent care or SFGH emergency room?

Patients will be instructed to go to their designated pharmacy, SFGH outpatient pharmacy, or the RiteAid pharmacy at 1496 Market Street and Van Ness Avenue.

What happens if my patient shows up at the wrong pharmacy?

The pharmacist will inform the patient they are at the wrong pharmacy, and can help the patient identify the correct pharmacy.

As a provider, do I need to rewrite prescriptions for my patients?

You may rewrite your patient's prescriptions now so that they may be filled by the designated pharmacy after July 1. If there are refills remaining, the patient may choose to take their bottle(s) to the designated pharmacy for prescription transfer. Alternatively, the patient may request the designated pharmacy call the pharmacy where the prescription was previously filled for prescription transfer.

Can I write for a 3-month supply?

Currently, any generic medication can be filled for a 3-month supply. The Pharmacy and Therapeutics Committee will reevaluate the current policy for all chronic medications.

Will I need to send my patients to SFGH outpatient pharmacy for proton-pump inhibitors (Protonix and Prevacid) after July 1?

No, they will be able to have prescriptions for these filled by their designated pharmacy.

Will my Medi-Cal share of cost and FamPact patients be covered under this program? Yes.

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor
Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: <http://www.dph.sf.ca.us>

AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, July 22, 2003
3:00 p.m. – 5:00 p.m.
at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

DOCUMENTS DEPT.

JUL 17 2003

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES FOR THE JCC-CHN
MEETING OF JUNE 24, 2003
**Minutes of June 24, 2003*

3) FOR DISCUSSION: CHN SECRETARY'S REPORT
(Barbara Garcia, Deputy Director, Community Health Network,
Community Programs)
(Activities and Operations of Community Health Network))
**Report*

- 4) FOR DISCUSSION: MATERNAL CHILD HEALTH UPDATE - FOLLOW-UP
(Mildred Crear, Director, Maternal Child Health)
**Update*
- 5) FOR DISCUSSION: CHILDREN AND YOUTH HEALTH ADVISORY COMMITTEE FINAL REPORT
(Barbara Garcia, Deputy Director, Community Health Network, Community Programs)
**Update*
- 6) FOR DISCUSSION: EMERGING ISSUES
- 7) PUBLIC COMMENTS**
- 8) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, July 22, 2003

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by Commissioner Guy at 3:10 p.m.

Present: Commissioner Roma P. Guy, M.S.W., Acting Chairperson
Commissioner David J. Sánchez, Jr., Ph.D.

Absent: Commissioner Edward A. Chow, M.D.

Staff: Al Abramowitz, Sai-Ling Chan-Sew, Mildred Crear, Lawrence Funk,
Mary Louise Fleming, Barbara García, John Kanaley, Gene O'Connell,
David Ofman, Jorge Partida, Marc Trotz, Linda Wang, Carlos Villalva

Guests: José Ramón Fernández-Peña

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF JUNE 24, 2003

Action Taken: The Committee approved the minutes of the June 24, 2003 Community Health Network Joint Conference Committee with one correction to Page 9, the first bullet point should read "contract" instead of "contend."

3) CHN SECRETARY'S REPORT

Barbara Garcia presented the Secretary's Report.

PROGRAM UPDATES

San Francisco General Hospital Diversion Report

The Emergency Department (ED) recorded 35 episodes of diversion for 158.5 hours representing a rate of 22% in June 2003. This is a 4.9% decrease in diversion since May 2003.

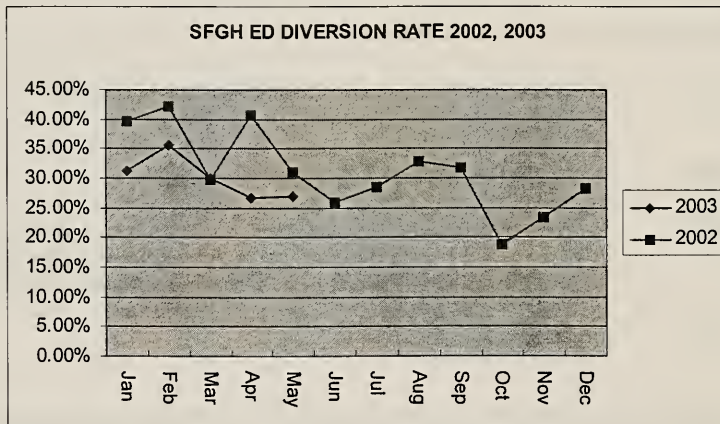
The 35 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	35	158.5	22%	4.9%
Trauma Override	10	42.8	6%	2.0%

The ED was impacted by capacity and high patient acuity during the 35 episodes of Total Diversion and Trauma Override. During this time, 236 patients were pending admission to inpatient beds [ICU-17, 4B/StepDown-76, MedSurg-143]. In June 2002, the ED was on Total Diversion 26% of the month. Trauma Override was not invoked during the month in June 2002.

Total Diversion was recorded for 35 episodes, a total of 158.5 hours or a 22% rate for June 2003, and a 4.9% decrease in Total Diversion since May 2003. While on Total Diversion the ED held 236 patients in June 2003. While on Total Diversion in June 2002, the ED held 187 patients awaiting inpatient beds.

Trauma Override was recorded for 10 episodes, a total of 42.8 hours or a 6% rate for June 2003. This is a 2% increase in Trauma Override since May 2003. While on Trauma Override the ED held 81 patients in June 2003. Trauma Override was not recorded in June 2002.



SARS Outreach and Education Program

Newcomers Health Program, a program of Community Health Promotion and Prevention, has been awarded a \$35,000 grant to conduct a SARS Outreach and Education Program for newly arriving Chinese and Southeast Asian refugees and asylees. Newcomers Health Program will collaborate with SFDPH primary care health centers that serve these populations, the Community Health Epidemiology and Disease Control Section, and community-based agencies in implementing the program. The program has three areas of focus: health education workshops for groups of community members; a community awareness campaign including the development and distribution of materials to service providers, businesses, and community-based agencies; and the integration of SARS education and assessment questions into the State-required health assessment protocol used at Refugee Medical Clinic for new arrivals.

New School Readiness Mental Health Grant for Young Children.

On June 2, 2003, the Child, Youth and Family System of Care of Community Behavioral Health Services was awarded a \$200,000 grant from First Five San Francisco to implement a mental health school readiness initiative at 10 selected San Francisco Unified School District classrooms citywide for this coming year. Services will include an array of coordinated classroom-based early childhood mental health services including assessment, observation, consultation, direct therapeutic services, play groups and information and referral services. Activities will focus on child development, family involvement and enhancing the emotional well being of the young children for school readiness. The grant is scheduled for a three year funding cycle.

Centralized Behavioral Health Court

San Francisco Judge Susan Breall initiated the creation of a Centralized Behavioral Health Court in collaboration with Community Behavioral Health Services (CBHS), the Public Defender's Office, the District Attorney, Probation, and other behavioral health service providers. The Centralized Behavioral Health Court is scheduled to begin on July 14, 2003 and brings together the various drug and mental health courts such as Drug Court, Proposition 36 court and Mental Health Court.

The Court will focus on addressing the treatment needs of clients. Together with service providers, CBHS, the Public Defender, District Attorney and Probation, the Court will use a combination of services, incentives, and sanctions, to get clients the help they need to not offend again, and to get their lives on an improved track. Services to be made available include mental health and substance abuse treatment, and case management to a variety of other resources such as housing, education, and vocational training.

Commissioners' Comments:

- Commissioner Sánchez asked which ages would be the focus of the First Five new school readiness grant. Sai-Ling Chan-Sew answered that it was for pre-Kindergarten age children. Commissioner Sánchez also asked if the Commissioners would receive a list of sites and Ms. Chan-Sew said that she would provide a list.
- Commissioner Guy asked about Diversion and the Sobering Center's progress. Ms. Garcia clarified that it was a "Stabilization Center" not a "Sobering Center." She noted that the Department will need to do more education of the Hospital Council members around this Center and its purpose. Commissioner Guy noted that expectations are very high and that there should be some education around what this Center realistically can accomplish and the how much funding over time it will take to make it work. Commissioner Guy asked that a report on the Stabilization Center be put on the Health Commission calendar in the next two months.

4) MATERNAL CHILD HEALTH UPDATE

Mildred Crear began this item by introducing Al Abramowitz so that he could present on one of the Maternal and Child Health (MCH) report cards that he did not have time to cover at the last PHP JCC meeting. Ms. Crear also noted that MCH would need to do a follow up on school health, but that it would be best for her to wait, as there will be more substance to report later.

Al Abramowitz reported on the next in the series of report cards being issued by MCH. Previously, MCH issued a report card on maternal and infant health. Now being released are youth and adolescent health and women of childbearing age. Coming out later in the fall will be children's health.

Mr. Abramowitz described the method by which grades were assigned including how far measurements of health indicators in San Francisco as compared with Healthy People 2000 determines the letter grade assigned and whether an indicator is on track or not to meet the Healthy People 2010 standard determines the "+" or "-."

The report card that Mr. Abramowitz presented today was the "Youth and Adolescent Health Report Card 2000," which covered the number of youth and adolescents residing in San Francisco, mortality, births to Latina and African-American teens aged 15-19, births to all teens aged 15-17, condom use, and gonorrhea.

Commissioners' Comments

- Commissioner Guy asked what the intent was of this report card. Mr. Abramowitz explained that it helps inform determinations of where energy and focus needs to be on both an interdepartmental and intradepartmental level. Ms. Crear explained that these report cards are an interim step before a larger child and adolescent health report.
- Commissioner Sánchez said that he assumes that MCH would pick up important trends by doing the report cards. This is especially important given budget cutbacks. The Department needs to show where the problems are so that programs can be supported.
- Commissioner Guy said that she would like to hear about the success of these tools when MCH comes back to report on the last report card. Newer programs at the Department can learn from MCH's ability to work with and report out data.
- Commissioner Guy also pointed out that the different Department programs should work together on the data they track and report out. For example, this report card uses Gonorrhea rates as a marker of safe sex practices while the STD program uses Syphilis rates.

5) CHILDREN AND YOUTH HEALTH ADVISORY COMMITTEE FINAL REPORT

Ms. Garcia presented this report (Attachment 1). There were six areas that the group focused on and reported the main challenges to accessing services and then made a recommendation to improve access for each challenge. The six areas of focus were:

- Oral health services
- Pharmacy (i.e., specifically as it relates to CCS)
- Mental health and substance abuse
- Developmental assessments
- Case management
- Nutritional counseling and obesity

Ms. Garcia noted that not all of these recommendations can be followed up on at this time because there would not be sufficient funding. However, a number of these recommendations can be folded into existing programs for follow-up and others can be pursued because there is little or no cost associated with them.

Commissioners' Comments

- Commissioner Sánchez said that the report highlighted a number of good issues and ideas for removing barriers. He noted a comment in the report about working with the school district. He said that most of what happens for children happens at the classroom level. The school site makes many decisions and strongly impacts children's lives. The Department needs to continue to work closely with the school district to improve children's health.
- Commissioner Guy said that these findings should be folded into the Department's Strategic Plan. Universal health coverage for children is only a first step; these issues are the next step and that is a good thing for the Health Commission to be considering. Unlike adults, at least children have the access to health coverage now there can be work done on health services access.
- Commissioner Guy also noted that oral health is surfacing more as an important issue. She noted that the Department needs to raise the level of discourse here and see where there can be a real impact.
- Commissioner Guy asked about decriminalizing substance abuse for young people. She asked if this is an area where we can make any headway. Ms. Chan-Sew noted that the Department has made some improvements here through a partnership with Walden House. Generally residential bed placements come through the juvenile justice system. Through an arrangement with Walden House, the Department can now place adolescents in this program before they become involved with the juvenile justice system. In addition, Jorge Partida is working with substance abuse providers to see where the gaps in services are and can then work on ways to eliminate these gaps.

6) EMERGING ISSUES

There was one emerging issue presented for discussion. The topic was the SFGH Institutional Master Plan. Gene O'Connell introduced this issue and said that this presentation is the result of the last discussion of the Steering Committee. They have gone from 41 possible rebuild scenarios to three. These three are being conceptualized with cost scenarios. John Kanaley presented the three scenarios to the group.

Mr. Kanaley described the Concept Development (Attachment 2) for scenarios A, B and C. Scenario A is a plan to primarily use the Potrero site, with acute care, trauma services, all psych. services, the super clinic, specialties, and the mother's and children's center all there. Only research and education would be split with some at the Potrero site and some at the Mission Bay site. The cost estimate at this time is 1.384 billion dollars. Scenario B is a plan to have the outpatient psych, the super clinic, and some research and education services at Potrero. The Mission Bay site would have acute care, trauma, inpatient psych, specialties, mothers and children's, and some research and education. The cost estimate to date is 1.456 billion dollars. Scenario C has everything at the Mission Bay site, with only the mental health rehabilitation facility (MHRF) staying at the Potrero site. The cost estimate is 1.482 billion dollars. It was noted that the cost estimates right now do not include all pieces that will ultimately need to be considered.

The next steps in this process are to:

1. Improve the cost models to encompass more costs that will be involved in the project;
2. Create criteria to help select the best scenario; and
3. Develop an operational cost model.

There will be presentations to all Joint Conference Committees in preparation for the full Health Commission meeting on October 7 and a resolution including a choice of options on October 21, 2003.

Commissioners' Comments

- Commissioner Sánchez said that they are on the right track with the variables they are focusing on now.

Commissioner Sanchez left the meeting at 5:08 p.m.

- Commissioner Guy said that people will fixate on the number of beds. This will be questioned so the Department will need to be able to explain why the beds, whatever the number is, are needed in the City. She said that people will also fixate on the fact that houses will be demolished in Scenario A.

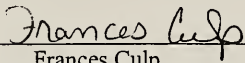
Gene O'Connell announced that the AIDS/Oncology Unit is holding its 20th Anniversary celebration on Friday, July 25 at noon in the SFGH lobby. All Commissioners are invited to attend.

7) PUBLIC COMMENTS

None

8) ADJOURNMENT

The meeting was adjourned at 5:11 p.m.



Frances Culp
Acting Executive Secretary
to the Health Commission

Attachments (2)

San Francisco
Children & Youth Health Advisory Committee
Final Report and Recommendations

Background

The Healthy Kids program launched in January 2002, providing a mechanism for near universal health insurance coverage for children and youth living in San Francisco. At this time, the San Francisco Children and Families Commission proposed funding to the San Francisco Health Plan (SFHP) for implementation. The Commission asked SFHP to convene a provider advisory group to review health services, coordination among these services and the barriers faced by families. The group was expected to make recommendations for improvements where obstacles to access were seen. Creating a new health coverage program like Healthy Kids significantly helps to achieve better access to health services for children and youth. However, offering health insurance removes some but not all barriers to needed health care services for families. An excerpt from SFHP's Scope of Work/Evaluation Plan follows:

"SFHP commits to partnering with Coleman Advocates for Children and the Department of Public Health to convene a provider advisory group for the purpose of developing recommendations to enhance services to children and link medical services to mental health, dental, vision care, family support, case management, child development services, and other programs. The recommendations of the advisory group would be shared with SFHP, pediatricians, and other health care providers."

Jean Fraser, SFHP's Chief Executive Officer, and Barbara Garcia, Deputy Director at the Department of Public Health (DPH) became co-chairs of this committee, which had its first meeting in July 2002. The group consisted primarily of health care providers who work closely with low-income children and youth in San Francisco and DPH employees. Membership included:

- Derik Aoki, San Francisco Children and Families Commission
- Sai-Ling Chan-Sew, Director of Children's Services, Community Mental Health System, DPH
- Lucy Crain, MD, Pediatrician; Commissioner, San Francisco Children and Families Commission
- Frances Culp, Health Program Planner, DPH
- Pat Evans, MD, Medical Director, Maternal & Child Health, DPH
- Jean Fraser, CEO, SFHP
- Barbara Garcia, Deputy Director & Director of Community Health Programs, DPH
- Iman Nazeeri-Simmons, Adolescent Health Coordinator, DPH
- Janet Shalwitz, MD, Coleman Advocates for Youth & Adolescent Health Working Group
- Samantha Stephen, Director, Dental Services, DPH
- Shannon Thyne, MD, Director, Children's Health Center, San Francisco General Hospital

The Institute of Medicine defines access as *"the timely use of personal health services to achieve the best possible health outcomes."* Using access as a framework, the group examined various types of health services, identified the problems with access to these services and made recommendations on ways to reduce or remove them. In the first meeting, it was agreed that the meeting topics would be as follows:

- Oral Health Services
- Pharmacy (i.e., specifically as it relates to CCS)
- Mental health and substance abuse
- Developmental assessments
- Case Management
- Nutritional Counseling and Obesity

This report will explore the challenges and list the recommendations discussed by the Children & Youth Health Advisory Committee at monthly meetings between July 2002 and February 2003.

Oral Health Services

According to San Francisco Children and Families Commission's Dental Report "*estimates suggest that severe tooth decay in infants and young children affects more than one out of seven preschoolers and is completely preventable.*" Access to dental services is widely recognized to be a challenge for low-income individuals, and young people in San Francisco are no exception. Members of the Children & Youth Health Advisory Committee discussed access to dental care with oral health experts including Bob Isman, Dental Consultant, California Department of Health Services, Samantha Stephen, Director, Dental Services, DPH, and Jeff Leong, AB 75 Coordinator, DPH.

In order to improve access, there are currently two projects underway, including:

- Integration of oral health with primary care is being piloted in different venues. As part of this project, DPH is working with SFGH's pediatric residents to determine which methods will work best in asking physicians to perform oral health screenings in their practices.
- A current NIH funded research project implemented by DPH is assessing the barriers to dental care for children. Focus groups are being conducted to determine these barriers. One of the questions asked participants is what kind of health provider would they most like to see for early oral assessments. The answer to this question will help determine the easiest access methods and whether or not clients would like to have their physicians participate in this role.

However, there are a number of additional access barriers that remain which can be addressed locally.

Challenge #1

Medical providers are not always aware of how to obtain dental services for children and youth in San Francisco, the best preventive dental protocols, or how to counsel low-income families to encourage best oral health practices. Currently some training is offered to pediatric residents, dentists and pediatricians in San Francisco through DPH's dental program yet physicians report having ongoing problems referring patients.

Recommendation #1

Offer additional Provider Training through the Department of Public Health's (DPH) dental program to:

- Primary Care Providers (How, where and when to obtain services for children and youth)
- Dental Providers (Preventive dental services, counseling, behavior management)
- Medical Students

Challenge #2

Few private dentists will see low-income children, with families lacking dental coverage having the most difficult time. Though an estimated 400 dentists in San Francisco accept Medi-Cal, it is reported that most limit their Medi-Cal patient load. There are five DPH community clinics with dental clinics: Southeast, Potrero, Chinatown, Silver Avenue, and Tom Waddell. In addition there are seven other locations (community clinics, dental schools, etc.) that will see low-income patients. However, waiting time can be very long, up to two months at some locations. Providers are not at all confident that they

can refer patients to a clinic that will see children for dental care in a timely manner. DPH has an elementary school dental education program which serves 3,500 students annually. DPH also has a sealant program serving approximately 400-500 second graders annually to seal their first permanent molars before they decay. Because of this sealant program, portable dental equipment was purchased and could be used to expand mobile preventive and treatment programs with additional staff.

Recommendation #2

Add dental services at more primary care sites, including community clinics, expand dental services (e.g., add more dental providers and support staff) at existing clinics, and expand existing school and community-based dental programs through a portable system (e.g., a mobile dental van) that will focus on children and youth. Emphasize:

- Reaching children at an earlier age;
- Reaching children at highest risk; and
- Reaching adolescents and transitional youth.

Challenge #3

Dental caries can begin at a very early age, even before the first tooth comes in on a child. For high-risk children, prevention must also begin early. The Child Health and Disability Program (CHDP) begins coverage for preventive dental services starting at age three. San Francisco and other counties have advocated for the age one referral from physicians to dentists, yet CHDP has been reluctant to agree to this change. Another problem with CHDP is that auxiliary providers are unable to perform basic dental services.

Recommendation #3

Advocate for CHDP policy changes on the State level through DPH and the City and County of San Francisco (CCSF):

- Age 1 referral to dentist
- Establish dentists as partial providers

Challenge #4

The Dental Practice Act protects dentists' role and allows for little leeway for other individuals to do basic dental care for children. Legislation took effect January 2003 allowing dental hygienists to place sealants on children's teeth without having a dentist look at the teeth first. There are a number of ways that the Dental Practice Act could be made less restrictive.

Recommendation #4

Advocate for Dental Practice Act policy changes on the State level through DPH and the City and County of San Francisco (CCSF) to:

- Expand scope of practice for auxiliaries;
- Ease supervision requirements;
- Pay medical providers who do dental work; and
- Repeal "patient of record" language

Challenge #5

Neither Healthy Families nor Healthy Kids offers a program just for dental services, though many families report that dental coverage is what most interests them in affordable public programs like Healthy Families and Healthy Kids. For parents with an income that qualifies for the Healthy Families

program but have health coverage through their employer, it would be beneficial to have access to a dental-only program.

Recommendation #5

Advocate for "wraparound" dental coverage for families that would qualify for Healthy Families but have medical coverage without a dental component. SFHP should also explore the possibility of "wraparound" dental coverage for families that would qualify for Healthy Kids but have medical (and no dental) insurance.

Additional Challenges

The most significant challenge to the implementation of many of these recommendations is cost. For example, to add a dental component to an existing clinic (Recommendation 2) would cost approximately \$250,000. At a time when the State and City budgets have record deficits, with Medi-Cal dental services for adults being cut, it is a difficult time to consider such a move. The one-time cost, of course, is not the end of the investment. Additionally, there are staffing costs and upkeep of the equipment. It would be less costly to expand the use of the portable equipment already owned by DPH.

Other recommendations require more exploration before implementation could be considered. Offering a dental-only program through Healthy Kids may not be something that Delta Dental, SFHP's dental subcontractor, would be willing or able to do. As Healthy Families is a State-run program, a new program would take major planning and working cooperatively with the State, and possibly even the Federal, government.

Pharmacy/Medication for CCS Patients

The Committee members focused specifically on pharmacy access as it impacts children and youth covered through the California Children's Services (CCS) program. CCS is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS-approved specialists. CCS will pay for the prescriptions used to treat the CCS approved condition. If the child has Medi-Cal, the Medi-Cal program will cover other prescriptions. Twila Brown, DPH's Director of Children's Medical Services, attended to discuss the problems families have accessing medications and supplies through CCS' pharmacy benefit.

Challenge #1

Families with children enrolled in CCS have recently had great difficulty accessing medications. CCS children and youth have special needs and it is a critical issue every time a family faces a pharmacy that will not provide them the medication they need. This problem has the following root causes:

Payer-related barriers:

- Low reimbursement paid to pharmacies;
- Frequent denials of claims;
- Excessive documentation required; and
- Costly submission requirements (many resubmissions required).

Provider-related barriers:

- Timely internal process;
- Turnover of claims processors;
- Billing errors; and
- Diminishing provider network.

System-related barriers:

- Lack of compatibility between Medi-Cal and CCS systems; and
- No electronic submissions accepted by CCS.

At the time of this discussion, the local CCS office had secured a waiver to implement two pilot programs designed to improve this situation. The group made no recommendations beyond the ones (listed below) that were already in place at the local level, acknowledging that the attempts made locally were excellent ideas that will hopefully lead to longer term solutions and benefit more counties throughout the State.

Recommendation #1

The local CCS office is working with the State to implement an electronic claims system pilot at San Francisco Walgreens. If the local CCS pilot fails, SFHP is considering piloting a fiscal intermediary partnership with CCS and pharmacies. In this arrangement, SFHP would pay for the medication first and will then be reimbursed by CCS.

Additional Challenges

These pilot programs offer two hopeful solutions to this problem. It is not clear yet what the difficulties with a wider implementation might be.

Community Behavioral Health Services

At this meeting the group heard from Sai-Ling Chan-Sew, Director of Children's Services for Community Behavioral Health Services (CBHS) and Jorge Partida, Director of Community Substance Abuse at CBHS, both from DPH. Sai-Ling pointed out that most mental health treatment services must be directed by law to seriously emotionally disturbed children. On the other hand, substance abuse services focus primarily on prevention programs. Finding appropriate treatment programs for children and youth already with a substance abuse problem is not always possible.

Challenge #1

AB 3632 is a state mandated program that provides for a mental health assessment for some children who are unable to benefit from the regular education program and who have Individual Education Plans. There is no cost to the family. Qualified students may be eligible for outpatient, day treatment or residential services. Many people involved in this process are unclear on how this system works.

Recommendation #1

Update and distribute the flow-chart that documents the AB 3632 process (from the point of referral at the school district level to the point of assessment by the mental health system in San Francisco).

Challenge #2

Families call DPH's Access Line to initiate all mental health services through the County. This process can sometimes be confusing. Eligibility requirements and the rules and regulations of each program are complex. In addition, families' incomes may change causing them to be pushed from program to program. Families are often unclear about the benefits they have to address their child's behavioral problem. This confusion persists even though outreach and education regarding Medi-Cal, Healthy Families, and Healthy Kids is an ongoing effort for all the civil service and contract agencies associated with DPH. Providers offer consultation, education and information services as part of their service delivery. Enhanced educational efforts for all involved parties regarding this complicated process were seen as necessary.

Recommendation #2

Create a flow-chart that documents the referral processes for behavioral health services—starting at a call to the Access Line through to the face-to-face client/practitioner visit. Educational efforts should include guidance regarding the referral process, as well as information about benefits to:

- Families, and front-line health providers regarding mental health and substance abuse benefits under their health coverage (Healthy Kids, Healthy Families and Medi-Cal);
- Training to generalists about screening, interviewing, and referring for mental health services.

Challenge #3

It is difficult for CBHS to appropriately refer clients for care within their network if the patient has private insurance coverage. In some cases, they do not know that the client has private insurance and if they do it is not always clear where to refer. CBHS does not know how many patients with private insurance coverage are actually being seen through CBHS. Patients may seek care through the county because of co-payments for mental health services, linguistic and cultural relevancy of the provider network, and the range of treatment options available.

Recommendation #3

Facilitate better connections and communication between health plans and behavioral health plans and DPH's mental health office.

Challenge #4

Young people needing substance abuse treatment in a residential setting generally get referred through the juvenile justice system. There is a need to improve the identification of children in need of substance abuse services before it gets to a crisis level and the courts become involved. There are not enough treatment services; the focus is on prevention. Providers continually identify teenagers who need residential treatment, but the practical reality is that residential services exist only for youth who have criminal justice involvement. In such a case, the youth is made a ward of the Court in order to access funding for residential treatment with sanctions for not engaging in treatment.

Recommendation #4

Disengage access to residential treatment for youth with substance abuse problems from the juvenile justice system. Endeavor to access more youth in need of drug treatment services to get them into treatment before the courts get involved.

Additional Challenges

Collaborations between different departments and agencies can prove difficult. For example, it is difficult to get some health plans and behavioral health plans to focus and plan locally, as they have a larger geographic focus. Many will not have offices in San Francisco and are reluctant to travel here for meetings. It is a preference of these groups that issues be resolved regionally. In addition, working with the San Francisco Unified School district (SFUSD) can pose problems. Going through the school district to identify children and youth that may need behavioral health intervention will raise confidentiality issues that will need to be addressed.

Funding is again an issue of concern. There is not enough funding for treatment programs; what there is will not accommodate the need. Additionally budget cuts locally and on the state level are leading to program cuts in mental health and substance abuse services.

Regarding education, the health coverage programs create a complex patchwork that, despite efforts at education will continue to confuse families and providers. On the State level, there is legislation (AB 1062) to merge the Medi-Cal, CHDP and Healthy Families programs that would lessen the confusion families experience when their income changes and their children are expected to switch from program to program.

Developmental Assessments

A speech and language disability is, according to the federal definition, a "*communication disorder, such as stuttering, impaired articulation, a language impairment or a voice impairment that adversely affects a child's educational performance.*" Because all children are entitled to a free and appropriate public education the unique educational needs of each child must be met. The group was concerned that the professionals and ultimately the families were experiencing difficulties in this process as it involves a number of different agencies and the children may have a number of special needs. Speakers for this meeting included Ruth White, Director of Speech Services, San Francisco Hearing and Speech; Patsy Hampton, Coordinator, High Risk Infant Interagency Council; and Diane Goldman, Pediatric Nurse Practitioner/School Nurse, School Health Centers, SFUSD.

Challenge #1

Different agencies specialize in different types of disorders. Agencies perform an assessment when a child is referred to them, and if they are not the appropriate agency to treat they will refer families to a different agency. The new agency will then require a new assessment, as it is not customary for these agencies to accept the assessment of another agency.

Recommendation #1

Provide assessments for children at whichever agency gets the initial referral, and then forward the assessment to the agency that is chosen to treat the child. The treating agency could accept the agency's assessment with a Memorandum of Understanding in place.

Challenge #2

The SFUSD Screening and Assessment Center was created to provide a single center to coordinate all individualized assessments. It is at a different location than the school health center. This unnecessarily separates the developmental assessment concept from the health center, when parents may need to access services through both. The group agreed that the most important consideration would be to ensure that any new facility was placed in an appropriate location with easy access so that families will be able to actually utilize the center.

Recommendation #2

It would be beneficial for SFUSD to research and possibly consider expanding their assessment clinic to one that encompasses a medical model.

Challenge #3

Very little training occurs for health professionals regarding developmental delays and there is confusion about the process of securing developmental assessments for young children through the school district.

Recommendation #3

Increase training for pediatric residents, mental health providers, and pediatric nurse practitioners regarding developmental delays, how assessments are done and how to make referrals.

Challenge #4

There is concern that the San Francisco Golden Gate Regional Center (GGRC) is not always able to coordinate services for families, though it is done to some extent in other counties. GGRC is thought of more as a direct service provider for children with developmental delays. However, it is in keeping of the role of a regional center according to the California Department of Developmental Services:

“Regional centers help coordinate the services that are needed because of a developmental disability. This is called case management or service coordination. A case manager or service coordinator will be assigned to help you. He or she will help develop a plan for services, tell you where services are available, and help you get the services.”

In addition, there is concern that UCSF is moving toward focusing less on community-oriented programs and more on specialty programs and that this will have a negative overall impact on families in San Francisco.

Recommendation #4

DPH should partner with other agencies (e.g., GGRC) and healthcare providers (e.g., UCSF) so that they can be a facilitator with a community-oriented approach and help families access multiple services related to possible developmental delays in children.

Additional Challenges

The major challenge is that no one person or entity “owns” this issue. There are many groups involved in overseeing pieces of these services. In fact, many of these recommendations are outside the scope of the members of the group. Because of this, the Committee would like to see these recommendations discussed and followed up on by the new Citywide School Health Committee.

Case Management Services

Members of the Children & Youth Health Advisory Committee wanted to review different case management systems that exist in San Francisco to see if their approaches could be replicated to offer case management services to more children and youth in need. This meeting’s guests were Bob Isom, CHDP Foster Care Unit, DPH, and Denise Albano, Director, Larkin Street.

Challenge #1

The State requires that health care funding for foster children and adoptees remain with the county-of-origin. Most children and youth are sent to other counties. This payment issue causes great frustration for providers and can seriously impact access to care for children and youth. There is a goal of “family-centered care” for children and youth in the foster care system, and this goal is compromised in the current situation.

Recommendation #1

Work through DPH and CCSF to advocate changing the regulation on the State level that requires foster children (and adoptee) health care funding to come from the county-of-origin. The county of responsibility should be the county the child is residing in. (This is primarily an issue with mental health services.)

Challenge #2

Many families with special needs children, who would be most in need of case management and coordination, may not have access to it. However it will be impossible to know where we need to add services without a thorough map of case management services offered through DPH programs.

Recommendation #2

Review and inventory existing case management services for children and youth provided through DPH and determine where gaps are and increase if necessary.

Challenge #3

Little is known about how families access dental care in San Francisco when they have special needs. There is some limited follow-up built into the system, but only a minority is reached (approximately 40%) and language capacity of the staff is not sufficient. Kindergarten and CHDP physician screenings, done through DPH/CHDP, provide follow-up with families of children who need dental care. Though the San Francisco Children and Families Commission is funding a dental case-management/follow-up program for preschoolers the overall dental case management offerings locally for low-income families have not been studied.

Recommendation #3

Evaluate existing dental case management programs at DPH and increase current case management services if indicated (i.e., add dental referral coordinators, to coordinate and case manage referrals to existing dental care resources, both public and private).

Additional Challenges

It will be difficult to justify spending on case management when underlying service providers being cut.

Nutritional Counseling and Obesity Services

Studies show that the average body weight of Americans is increasing significantly. In the United States, nearly 13% of youth ages 12 to 19 were overweight while 14% of children ages 6 to 11 were overweight in 1999. About one year ago, SFHP reviewed CHDP records to see the prevalence of the problem among their pediatric members. This study showed that 38% of children and teen members (n=11,407) between 2 and 19 years of age were overweight or obese. Some populations showed a higher rate than others (ex. 62% of Latino boys in the Mission were overweight or obese). Obesity rates were highest in the Mission and Bayview-Hunters Point neighborhoods. Speakers at this meeting included Rowena Tarantino, Manager, Health Education, Cultural and Linguistic Services, SFHP, Cam Tran, MD, Healthy Lifestyle Clinic, SFGH and Rajiv Bhatia, Director, Environmental Health, DPH.

Challenge #1

Strong recommendations to reduce the prevalence of obesity have existed for a number of years, while few have been earnestly put into place. In the article "Halting the Obesity Epidemic: A Public Health Policy Approach" from 2000, written by Marion Nestle, PhD, MPH and Michael F. Jacobson, PhD, the point is made that a multi-faceted approach is required to slow the increase of obesity. As noted in the article prevention "requires changes in individual behavioral patterns as well as eliminating environmental barriers to healthy food choices and active lifestyles."

Recommendation #1

Use the existing recommendations in practice as a guide for action in San Francisco.

Challenge #2

Issues surrounding physical activity and obesity are in the spotlight. In November 2002, SFUSD passed Resolution No. 211-12A8 requiring a number of actions related to improving nutrition and increasing physical fitness in the schools. In 2003, Supervisor Sophie Maxwell called for a task force on childhood nutrition and physical exercise. In addition, there are a number of bills that have been introduced in the California legislature to remedy this situation taking various approaches.

Recommendation #2

Ensure that CCSF takes an active stand on legislation related to physical activity and nutrition and that DPH is participating in local activities, and advocating for a multi-faceted approach to this problem.

Challenge #3

The Healthy Lifestyle Clinic gets requests from schools and community groups to attend and discuss exercise, nutrition and weight loss for young people. They are not able to spare staff to do this important community work.

Recommendation #3

Partner with the medical society. According to Stan Bissey, the San Francisco Medical Society has young doctors interested in community projects.

Additional Challenges

There are thirty-one recommendations highlighted in the article "Halting the Obesity Epidemic: A Public Policy Approach" split between seven areas: Education, Food Labeling and Advertising, Food Assistance Programs, Health Care and Training, Transportation and Urban Development, Taxes, and Policy Development. Many of these recommendations would be beyond the scope of any county working alone. However, the crux of these recommendations is that this issue should be viewed as multi-causal and approached as such.

Conclusion

As the Committee makes these recommendations, there is an awareness of the significant budget difficulties facing local, state and federal governments. At this time, the City and County of San Francisco is facing a \$350 million dollar shortfall for fiscal year 2002-03 and the Mayor's Budget Office has required that each Department absorb their own increases in costs, and further decrease their utilization of the City's General Fund by six percent for the base budget and develop a contingency plan that will decrease utilization of the General Fund by an additional fifteen percent. As a consequence DPH must absorb \$20 million dollars in unavoidable increases, and decrease its General Fund usage by \$18 million in the base budget and \$40 million in the contingency budget. This represents the largest single year General Fund cuts that DPH has ever had to make.

While some of these recommendations are inexpensive or even budget neutral, many others require funding. The Committee is aware that this is not a realistic time to consider expanding programs while so many other worthy programs are being scaled back or eliminated. However, many of these issues are ongoing areas of concern. The Committee is encouraged that DPH is researching ways to expand revenue. Members of the Committee feel hopeful that the budget dilemma will not last indefinitely, and that we will once again be in a position to expand programs and make much-needed improvements in services to children and youth. When this time comes, this report can be used as a guide and as a tool in decision-making. In the meantime, there is a strong interest in immediately pursuing those recommendations that can be achieved with little or no funding.

Concept Development

Prepared for:
Department of Public Health /
San Francisco General Hospital



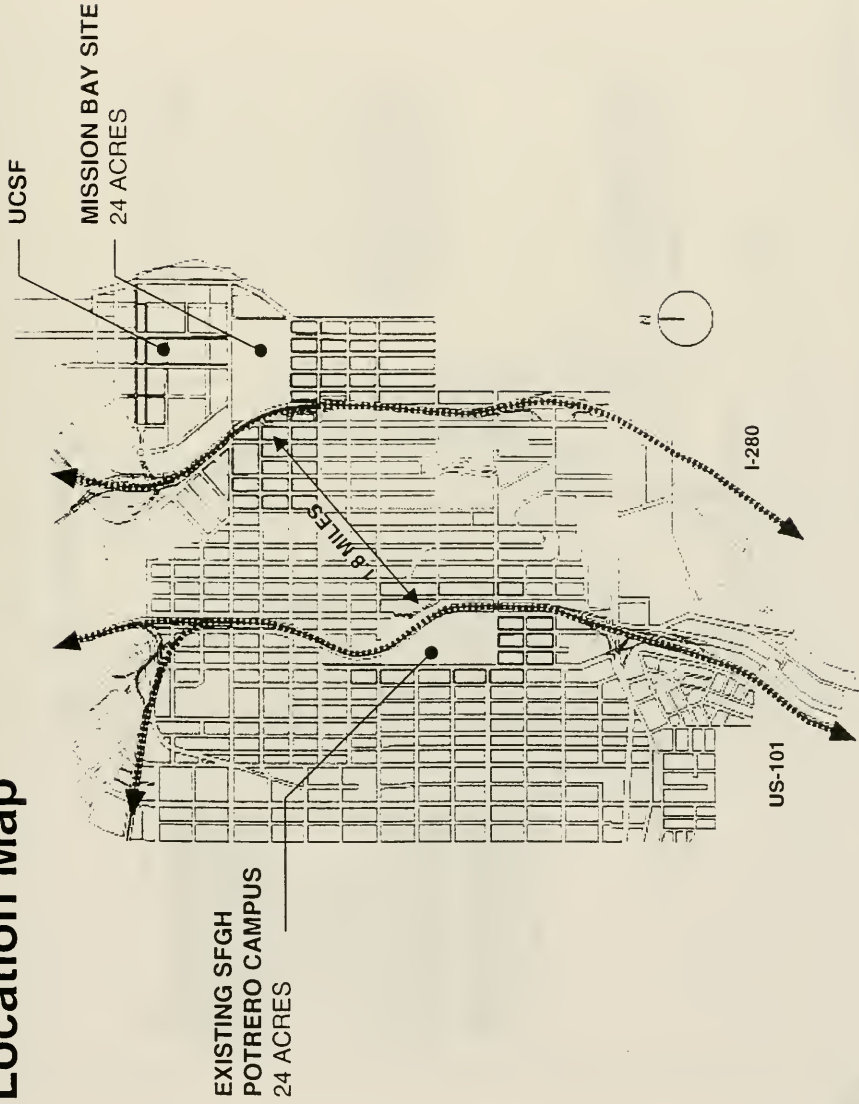
Concept Development

The Concepts presented by:

SOM/TSANG Team

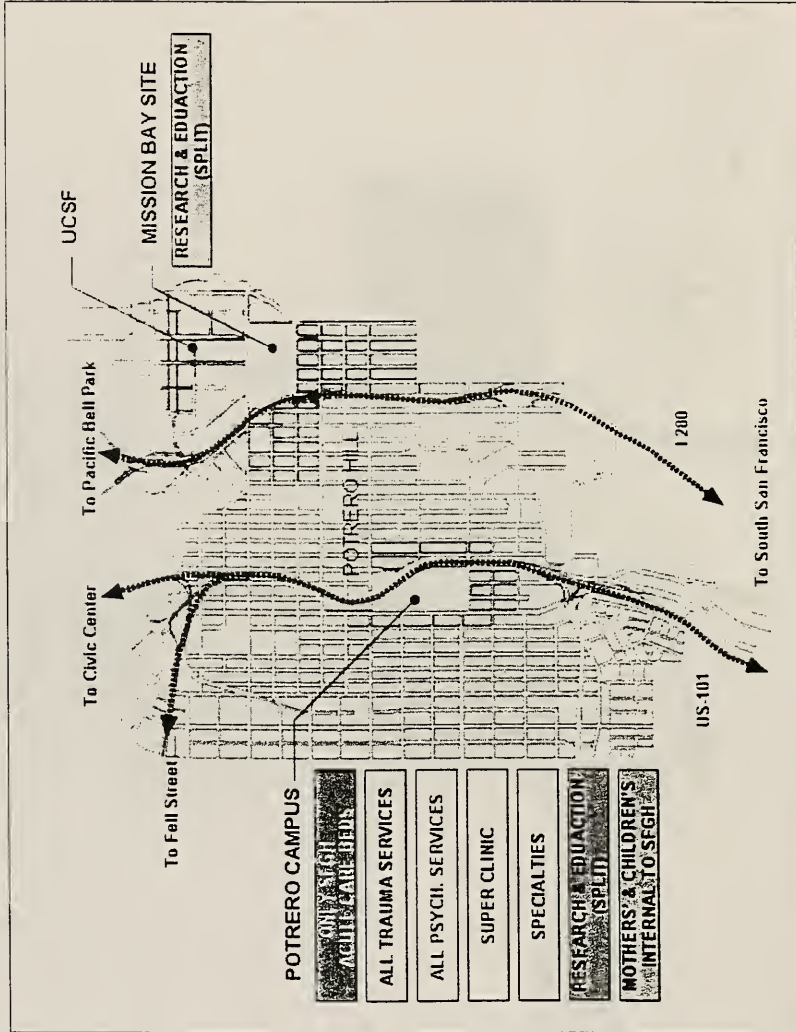


Location Map

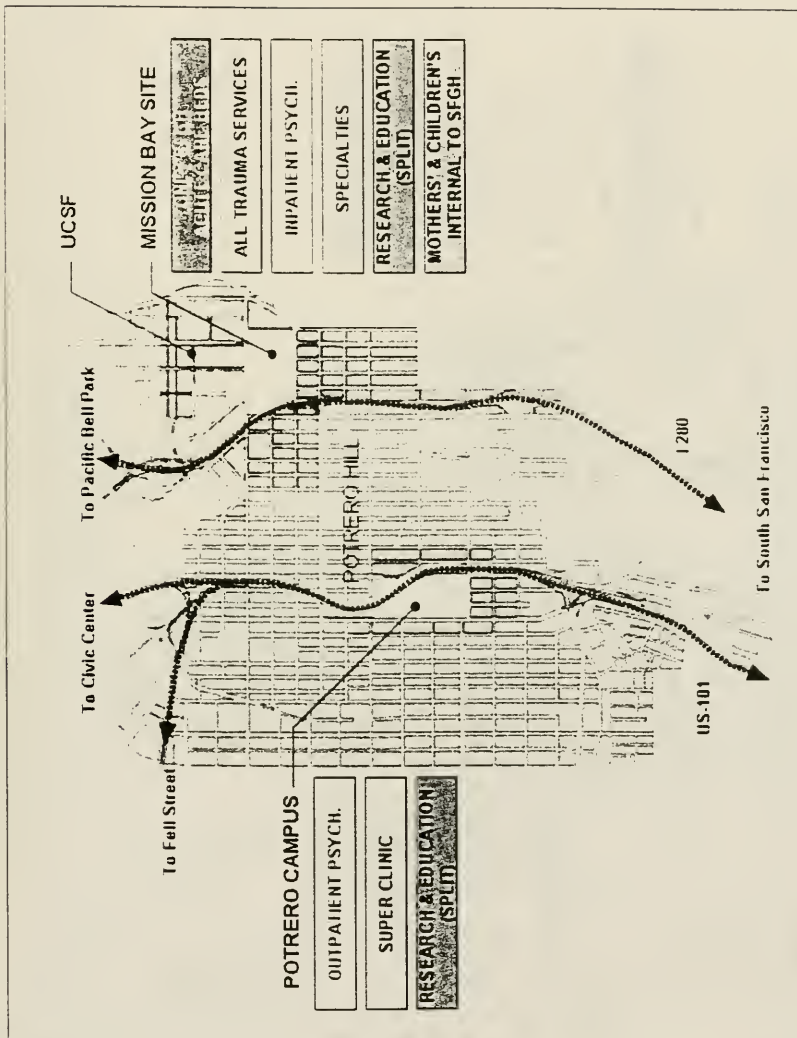




San Francisco General Hospital and Medical Center Institutional Master Plan

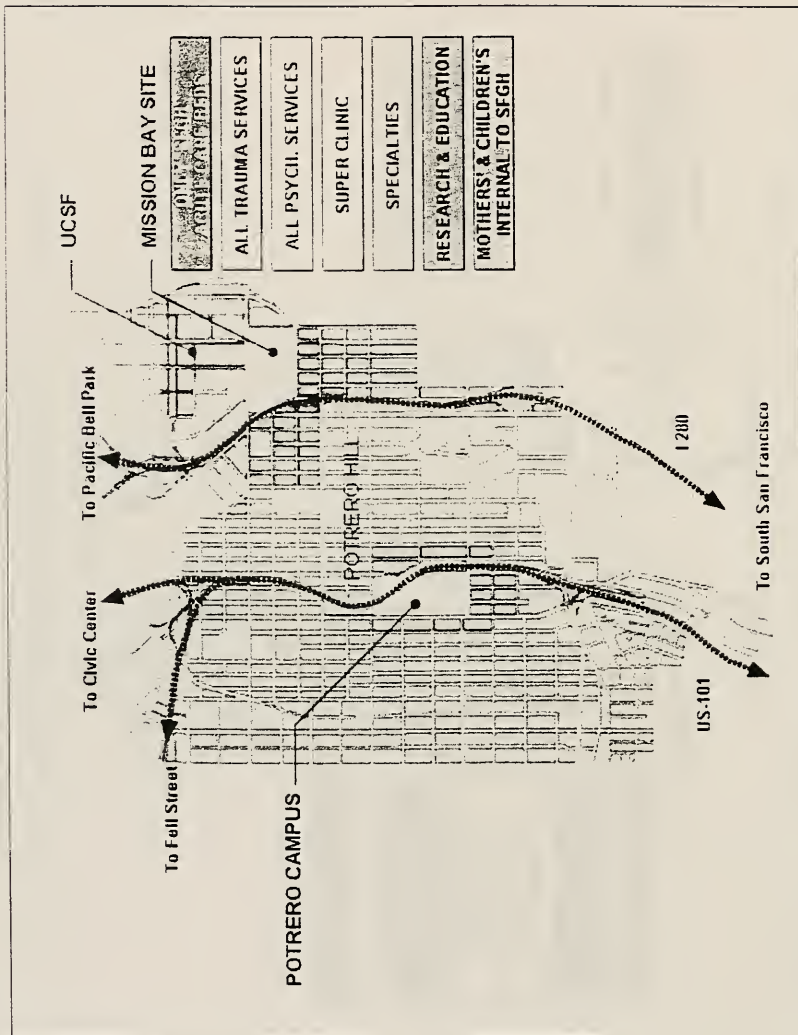


San Francisco General Hospital and Medical Center Institutional Master Plan



5811 000001
MEDICAL SERVICES LOCATION PLAN CONCEPT B
24/JUNE/2003 BHP/101

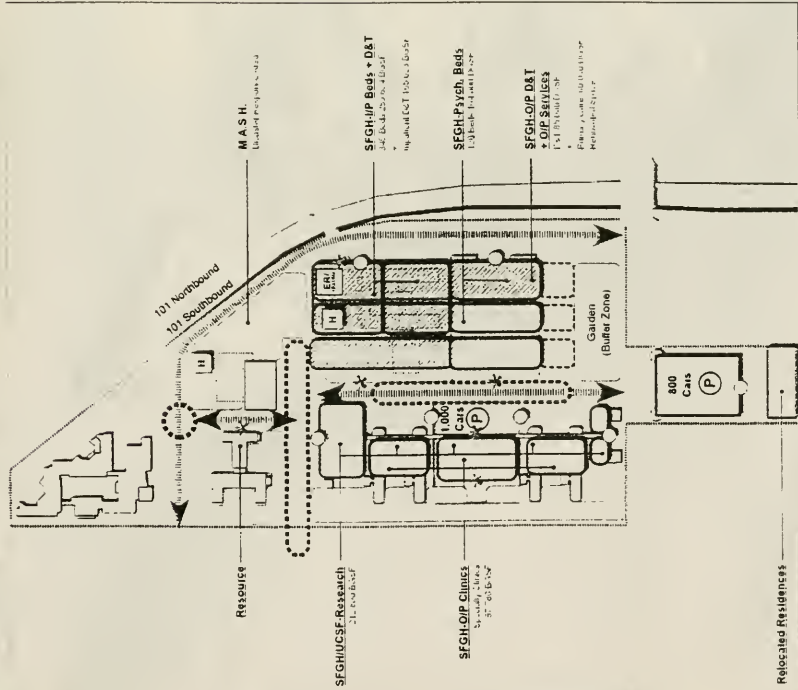
San Francisco General Hospital and Medical Center Institutional Master Plan



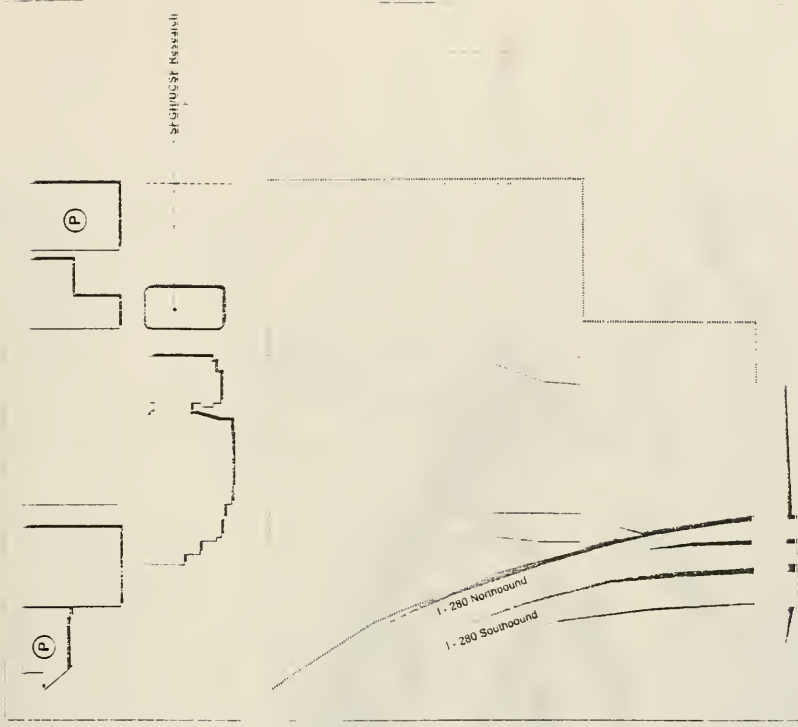
*only
policies
needed*



San Francisco General Hospital and Medical Center Institutional Master Plan



Attachment 2



ottero Campus

Legend:

- ☒ Support Entry
- ☒ Public Entry
- ☒ Helipad
- ☒ Parking
- ☒ Diagnostic & Treatment
- ☒ Inpatient Beds
- ☒ Outpatient
- ☒ Research

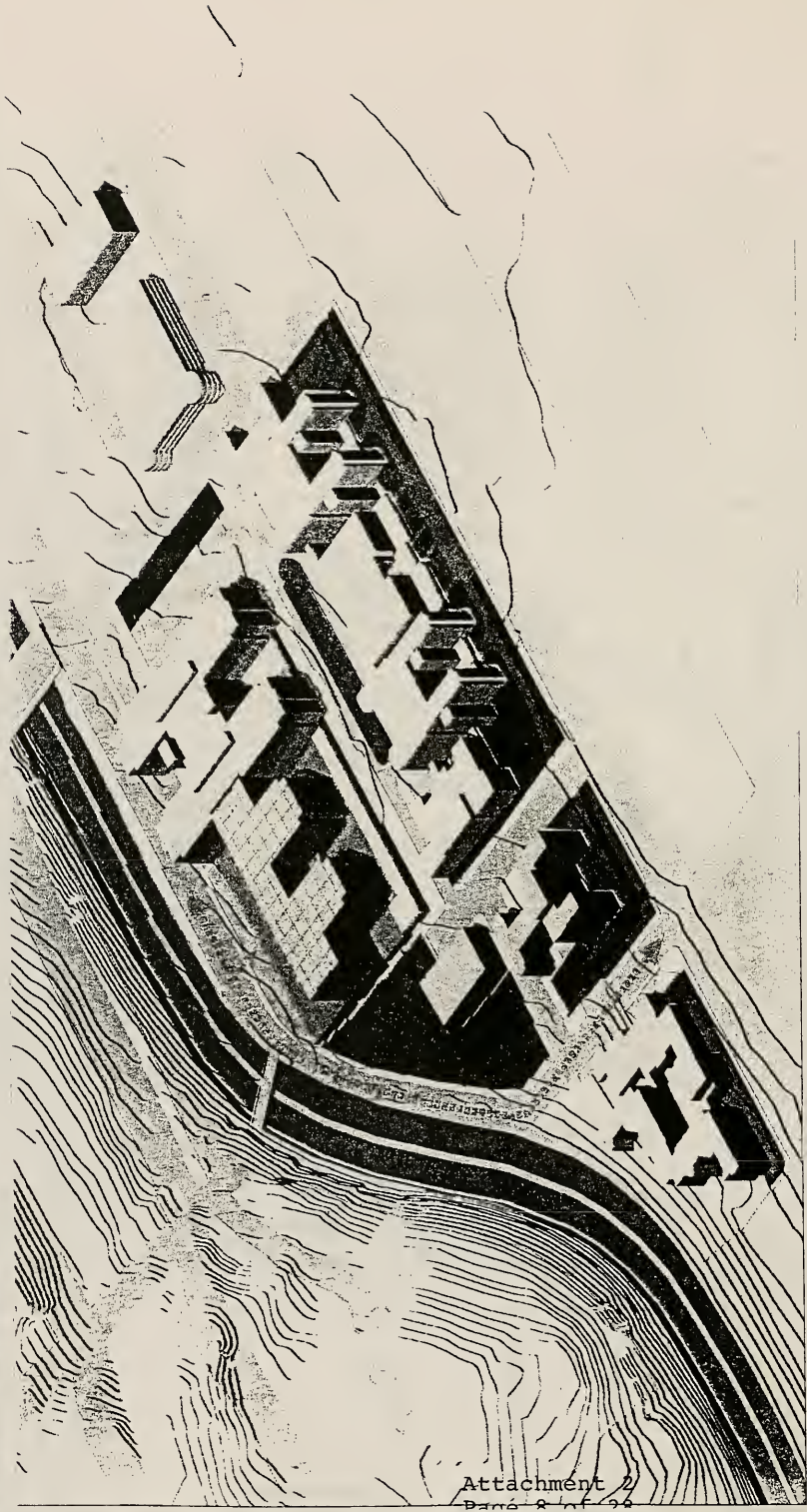
Legend:

- ☒ New Residence
- ☒ Public Circulation
- ☒ Staff/Patient Circulation
- ☒ Public Support
- ☒ Building Support

15 years from now.

route as a path of walking, jogging

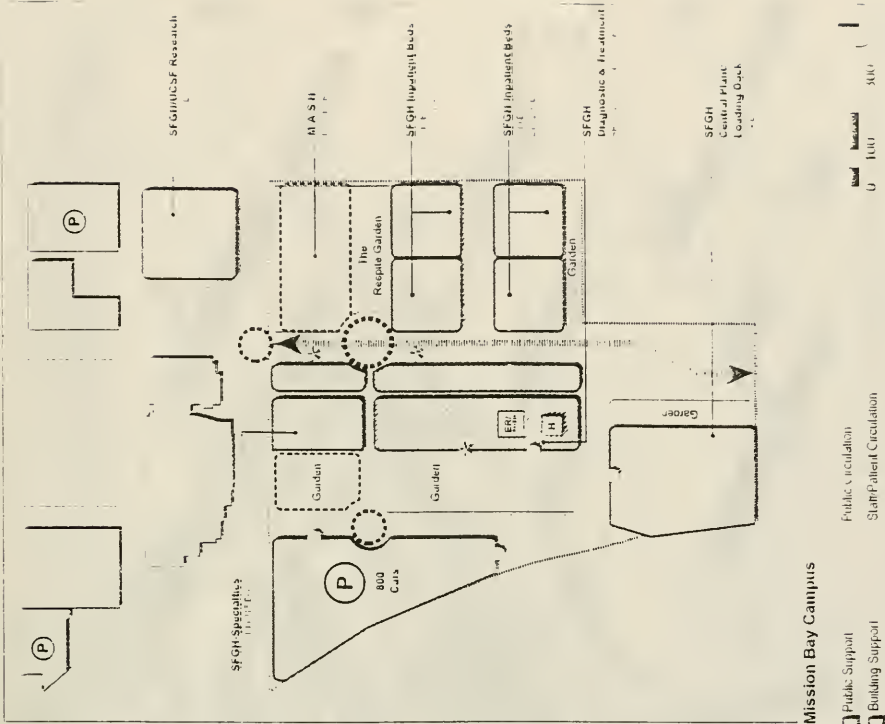
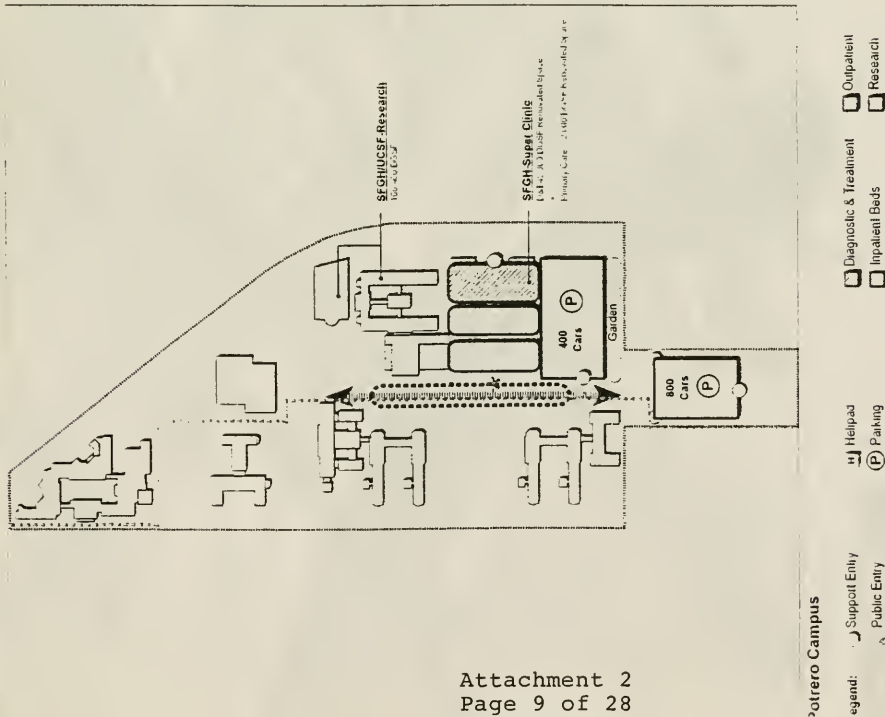
San Francisco General Hospital and Medical Center Institutional Master Plan



- Legend:
- Support Entry
 - Public Entry
 - Helipad
 - P Parking
 - Diagnostic & Treatment
 - Inpatient Beds
 - Outpatient
 - Research
 - Public Support
 - Building Support
 - Public circulation
 - Staff Patient Circulation

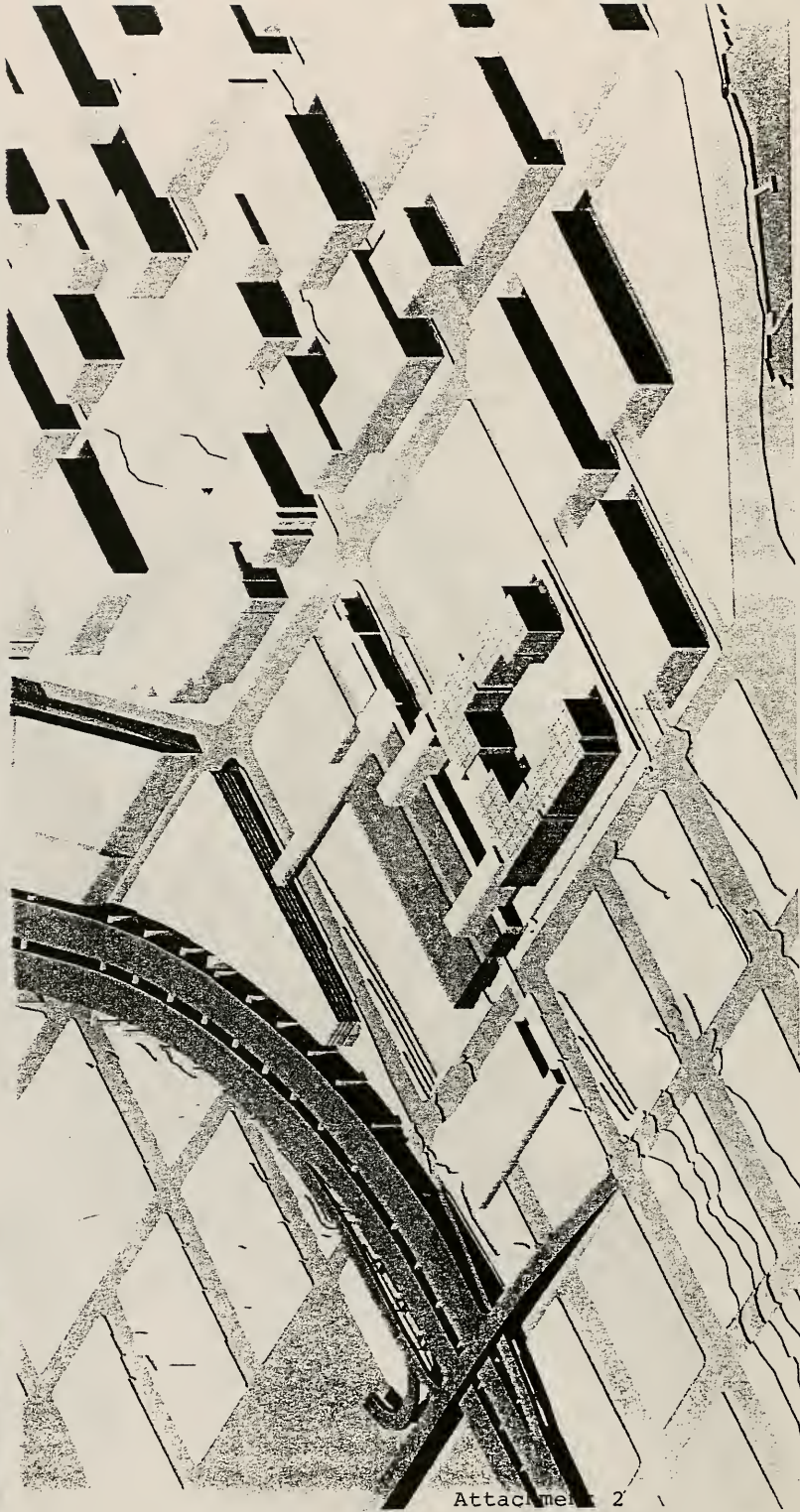


San Francisco General Hospital and Medical Center Institutional Master Plan





San Francisco General Hospital and Medical Center Institutional Master Plan



- Legend:**
- Support Entry
 - Public Entry
 - Helipad
 - Parking
 - Diagnostic & Treatment
 - Inpatient Beds
 - Outpatient
 - Research
 - Public Support
 - Building Support
 - Public Circulation
 - Staff/Patient Circulation

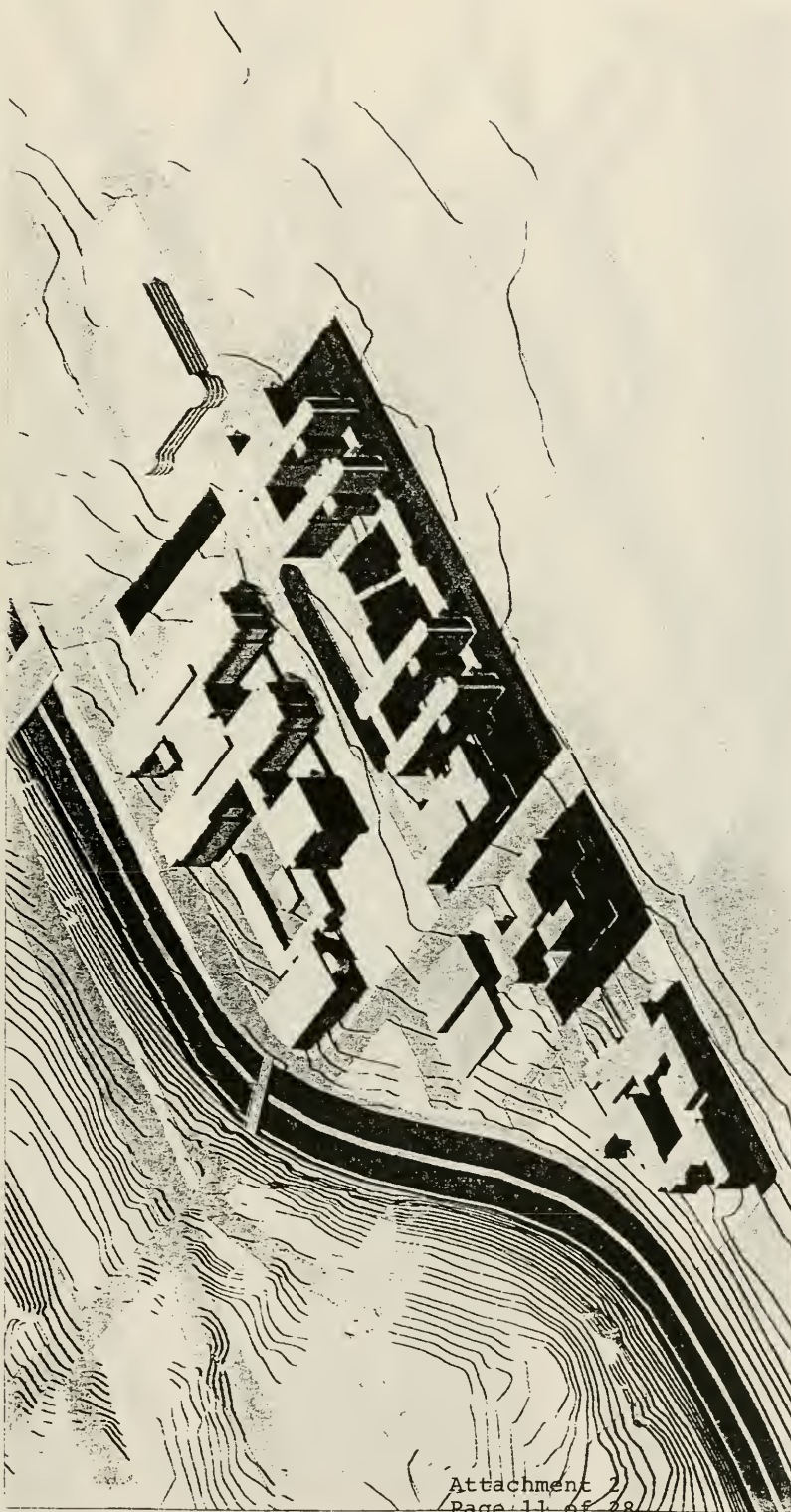
Attachment 2

MISSION BAY MASSING DIAGRAM CONCEPT B

24/JUNE/2003 0:00 PM



San Francisco General Hospital and Medical Center Institutional Master Plan



Public Circulation
Staff Patient Circulation

Public Support
Building Support

Outpatient
Research

Diagnostic & Treatment
Inpatient Beds

Helipad
Parking

Support Entry
Public Entry

Legend:

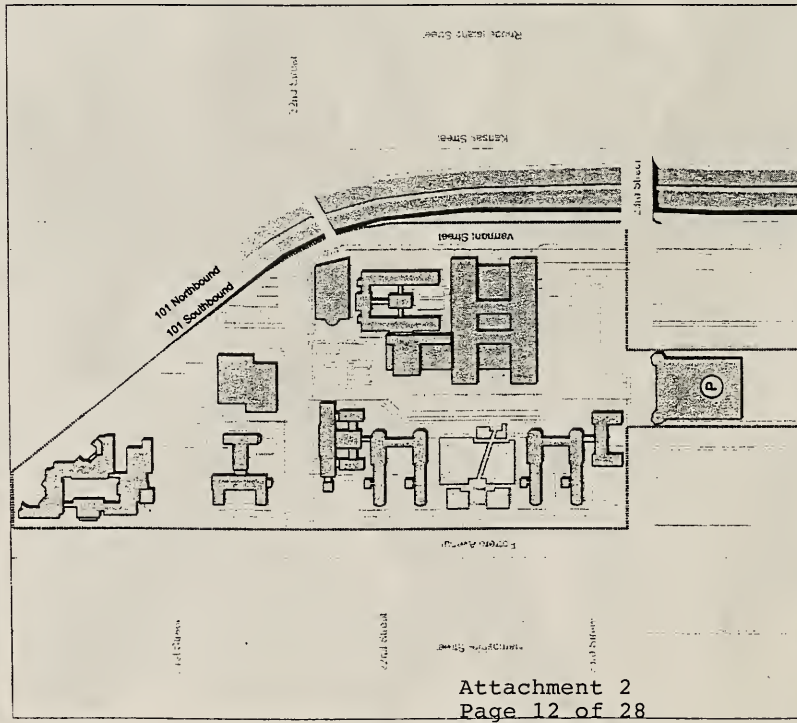
Attachment 2
Page 11 of 28

POTRERO MASSING DIAGRAM CONCEPT B
24 JUNE 2003 BUILDING

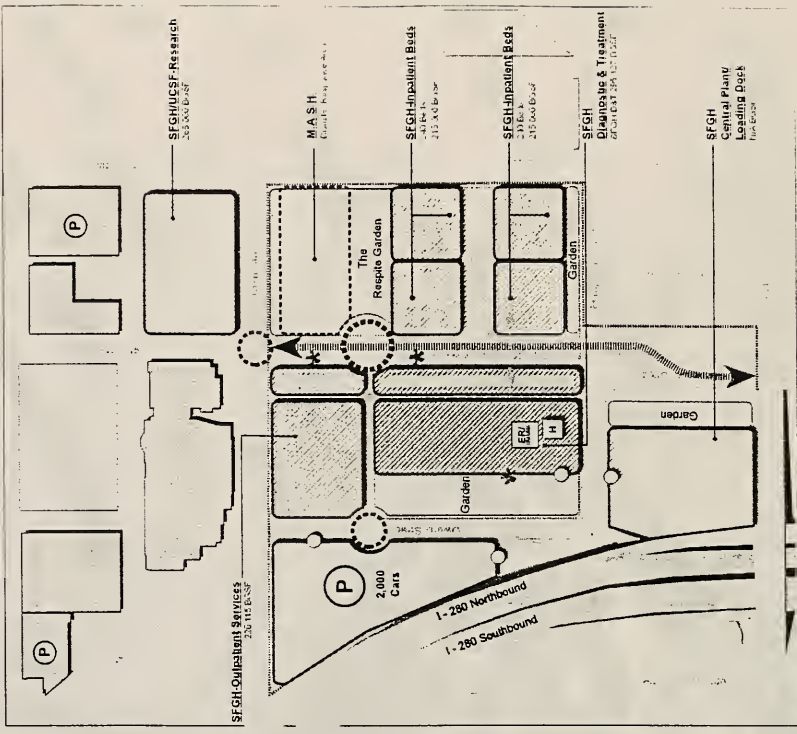
SOM / TS&M

Leaves Potrero site entirely, except MHS.

San Francisco General Hospital and Medical Center Institutional Master Plan



- Potrero Campus**
- ☒ Support Entry
 - ☒ Public Entry
 - ☒ Helpad
 - ☒ Parking
 - ☒ Diagnostic & Treatment
 - ☒ Inpatient Beds
 - ☒ Outpatient
 - ☒ Research

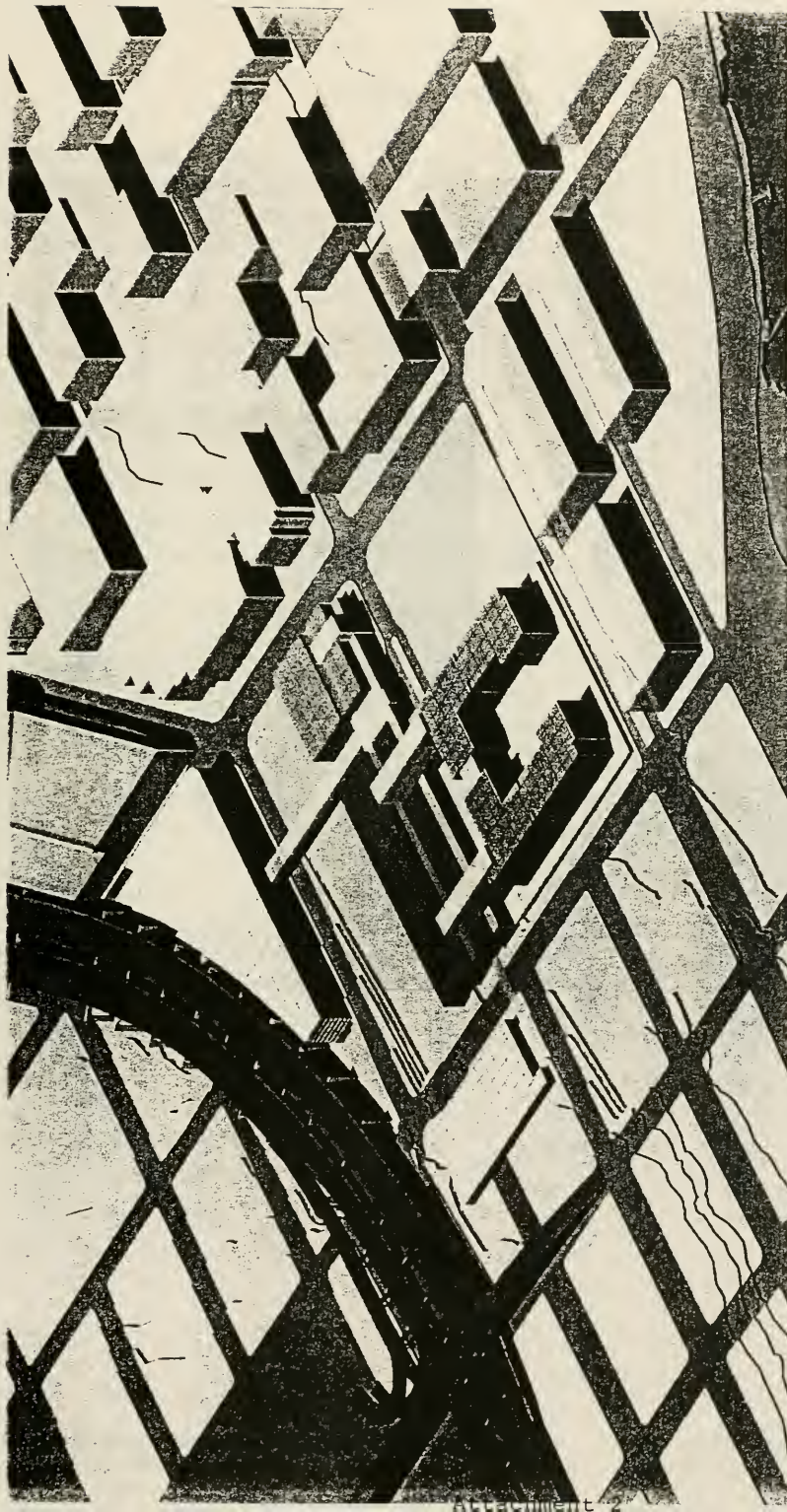


- Mission Bay Campus**
- ☒ Public Support
 - ☒ Building Support
 - ☒ Public Circulation
 - ☒ Staff/Patient Circulation





San Francisco General Hospital and Medical Center Institutional Master Plan



Legend:

- Support Entry
- ★ Public Entry

(H) Helipad
(P) Parking

■ Diagnostic & Treatment
■ Inpatient Beds

■ Outpatient
■ Research

□ Public Support
□ Building Support

Public Circulation
Staff/Patient Circulation

MISSION BAY MASSING DIAGRAM CONCEPT-C
24/JUNE/2003 C.U.D. 102

Concept Development

Thank You!



San Francisco General Hospital
 Concept Concept Development
 Preliminary Capital Cost Planning Model
EXECUTIVE SUMMARY

07/07/2003 Draft R2

Item Description	Concept	Concept	Concept
	A (D3)	B (C4)	C (C1)
	\$xMillion	\$xMillion	\$xMillion
1.0 <u>REPLACEMENT HOSPITAL</u>			
1.1 POTRERO CAMPUS	631	0	0
1.2 MISSION BAY CAMPUS	0	609	661
1.0 SUBTOTAL	631	609	661
2.0 <u>OTHER</u>			
2.1 POTRERO CAMPUS	718	231	0
2.2 MISSION BAY CAMPUS	35	616	821
2.0 SUBTOTAL	753	847	821
3.0 TOTAL ESTIMATED CAPITAL COST	1,384	1,456	1,482
Beds	485	485	485
New Parking Stalls	1,200	2,000	2,000

WORKING DRAFT

0148-4951

San Francisco General Hospital				
Concept Concept Development			07/07/2003 Draft R2	
Preliminary Capital Cost Planning Model				
GENERAL SUMMARY				
	Concept >>	A	B	C
Item	Description	Total	Total	Total
		\$x1000	\$x1000	\$x1000
1.0	<u>REPLACEMENT HOSPITAL</u>			
A	LAND PROVISION COSTS - See OTHER below	0	0	0
B	BUILDING CONSTRUCTION	339,969	333,925	359,487
C	FF&E	67,176	58,902	67,176
D	SITWORK & UTILITIES	0	0	0
E	MITIGATION ITEMS	0	0	0
F	PROJECT RELATED COSTS	109,929	106,064	115,199
G	PROJECT CONTINGENCY	51,707	49,889	54,186
H	COST ESCALATION TO 2010	62,049	59,867	65,023
1.0	SUBTOTAL	630,830	608,647	661,071
2.0	<u>OTHER</u>			
A	LAND PROVISION COSTS	4,296	100,000	100,000
B	BUILDING CONSTRUCTION	415,275	396,173	388,975
C	FF&E	42,946	51,220	42,946
D	SITWORK & UTILITIES	16,050	22,660	21,190
E	MITIGATION ITEMS	1,500	4,950	4,550
F	PROJECT RELATED COSTS	137,792	137,914	133,554
G	PROJECT CONTINGENCY	61,356	61,291	59,122
H	COST ESCALATION TO 2010	73,628	73,550	70,946
2.0	SUBTOTAL	752,843	847,758	821,283
3.0	TOTAL ESTIMATED CAPITAL COST (1.0 + 2.0)	1,383,673	1,456,405	1,482,354

San Francisco General Hospital			
Concept Concept Development		07/07/2003 Draft R2	
Preliminary Capital Cost Planning Model			
SUMMARY		Concept A	
Item	Description	Potrero \$x1000	Mission Bay \$x1000
			Total \$x1000
1.0	<u>REPLACEMENT HOSPITAL</u>		
A	LAND PROVISION COSTS - See OTHERS below	0	0
B	BUILDING CONSTRUCTION	339,969	0
C	FF&E	67,176	0
D	SITework & UTILITIES	0	0
E	MITIGATION ITEMS	0	0
F	PROJECT RELATED COSTS	109,929	0
G	PROJECT CONTINGENCY	51,707	0
H	COST ESCALATION TO 2010	62,049	0
1.0	SUBTOTAL	630,830	0
2.0	<u>OTHER</u>		
A	LAND PROVISION COSTS	4,296	0
B	BUILDING CONSTRUCTION	395,857	19,418
C	FF&E	40,146	2,800
D	SITework & UTILITIES	15,750	300
E	MITIGATION ITEMS	1,500	0
F	PROJECT RELATED COSTS	131,446	6,346
G	PROJECT CONTINGENCY	58,470	2,886
H	COST ESCALATION TO 2010	70,164	3,464
2.0	SUBTOTAL	717,629	35,214
3.0	TOTAL ESTIMATED CAPITAL COST (1.0 + 2.0)	1,348,459	35,214
			1,383,673

WORKING DRAFT

0148-4951

San Francisco General Hospital				
Concept Concept Development		07/07/2003 Draft R2		
Preliminary Capital Cost Planning Model				
SUMMARY		Concept B		
Item	Description	Potrero	Mission Bay	Total
		\$x1000	\$x1000	\$x1000
1.0	<u>REPLACEMENT HOSPITAL</u>			
A	LAND PROVISION COSTS - See OTHERS below	0	0	0
B	BUILDING CONSTRUCTION	0	333,925	333,925
C	FF&E	0	58,902	58,902
D	SITWORK & UTILITIES	0	0	0
E	MITIGATION ITEMS	0	0	0
F	PROJECT RELATED COSTS	0	106,064	106,064
G	PROJECT CONTINGENCY	0	49,889	49,889
H	COST ESCALATION TO 2010	0	59,867	59,867
1.0	SUBTOTAL	0	608,647	608,647
2.0	<u>OTHER</u>			
A	LAND PROVISION COSTS	0	100,000	100,000
B	BUILDING CONSTRUCTION	120,222	275,951	396,173
C	FF&E	23,292	27,928	51,220
D	SITWORK & UTILITIES	1,000	21,660	22,660
E	MITIGATION ITEMS	400	4,550	4,950
F	PROJECT RELATED COSTS	44,671	93,243	137,914
G	PROJECT CONTINGENCY	18,958	42,333	61,291
H	COST ESCALATION TO 2010	22,750	50,800	73,550
2.0	SUBTOTAL	231,293	616,465	847,758
3.0	TOTAL ESTIMATED CAPITAL COST (1.0 + 2.0)	231,293	1,225,112	1,456,405

WORKING DRAFT

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San Francisco General Hospital				
Concept Concept Development		07/07/2003 Draft R2		
Preliminary Capital Cost Planning Model				
SUMMARY		Concept C		
Item	Description	Potrero	Mission Bay	Total
		\$x1000	\$x1000	\$x1000
1.0	<u>REPLACEMENT HOSPITAL</u>			
A	LAND PROVISION COSTS - See OTHERS below	0	0	0
B	BUILDING CONSTRUCTION	0	359,487	359,487
C	FF&E	0	67,176	67,176
D	SITWORK & UTILITIES	0	0	0
E	MITIGATION ITEMS	0	0	0
F	PROJECT RELATED COSTS	0	115,199	115,199
G	PROJECT CONTINGENCY	0	54,186	54,186
H	COST ESCALATION TO 2010	0	65,023	65,023
1.0	SUBTOTAL	0	661,071	661,071
2.0	<u>OTHER</u>			
A	LAND PROVISION COSTS	0	100,000	100,000
B	BUILDING CONSTRUCTION	0	388,975	388,975
C	FF&E	0	42,946	42,946
D	SITWORK & UTILITIES	0	21,190	21,190
E	MITIGATION ITEMS	0	4,550	4,550
F	PROJECT RELATED COSTS	0	133,554	133,554
G	PROJECT CONTINGENCY	0	59,122	59,122
H	COST ESCALATION TO 2010	0	70,946	70,946
2.0	SUBTOTAL	0	821,283	821,283
3.0	TOTAL ESTIMATED CAPITAL COST (1.0 + 2.0)	0	1,482,354	1,482,354

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San Francisco General Hospital		07/07/2003 Draft R2													
Concept Development															
Preliminary Capital Cost Planning Model															
ESTIMATE DETAILS															
Item/Description	Potrero U. C. \$	Mission Bay U. C. \$	UNIT	Concept A		Replacement Hospital		Mission Bay		Potrero		Other		Mission Bay	
				Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$		
A LAND PROVISION COSTS															
Property Acquisition at Mission Bay (per SOM)		100,000,000	LS												
Property Acquisition at Potrero - TBD					0		0		0		0		0		0
Property Sale at Potrero - TBD					0		0		0		0		0		0
Demolish Existing Structures at Mission Bay - TBD					0		0		0		0		0		0
Demolish Existing Structures at Potrero	80,000		EA		0		0		0	11	880,000		0		0
Demolish Bldgs M, 100, 3	20		SF		0		0		0	170,798	3,415,960		0		0
					0		0		0		4,295,960		0		0
Subtotal A															
B BUILDINGS															
NEW BUILDINGS															
Inpatient Beds	415	425	GSF	304,218	126,250,470		0		0		0		0		0
Diagnostic & Treatment	380	390	GSF	238,153	98,098,140		0		0		0		0		0
Outpatient Services	290	290	GSF		0		0		0	152,285	44,162,650		0		0
Research	365	365	GSF		0		0		0	212,800	77,672,000		0		0
Support	275	275	GSF		0		0		0	448,901	123,447,775		0		0
Central Plant	1,000	1,000	GSF	30,000	30,000,000		0		0	0	0		0		0
Replacement Hospital	600	600	GSF		0		0		0	10,000	6,000,000		0		0
Others															
RENOVATION															
Inpatient Beds	415	425	GSF	112,480	46,679,200		0		0		0		0		0
Diagnostic & Treatment	380	390	GSF	69,280	26,326,400		0		0		0		0		0
Outpatient Services	290	290	GSF		0		0		0	64,000	18,560,000		0		0
Research	365	365	GSF		0		0		0	0	0		0		0
Support	275	275	GSF		0		0		0	162,925	44,804,375		0		0
FACILITY UPGRADES															
Building 5 - Seismic Upgrade	30		GSF		0		0		0		0		0		0
Historical district buildings	75		GSF	168,200	12,615,000		0		0		0		0		0
Upgrade Existing Central Plant	400		GSF		0		0		0		0		0		0
NEW HOUSING															

San Francisco General Hospital			07/07/2003 Draft R2														
Concept Development																	
Preliminary Capital Cost Planning Model																	
ESTIMATE DETAILS																	
Item Description	Potrero	Mission Bay	UNIT	Concept A			Replacement Hospital			Other			Mission Bay				
	U. C. \$	U. C. \$		Quantity	Estimated \$		Potrero	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$					
24th Street Housing - TBD			EA			0					0			0			
PARKING																	
New Above Grade Structure	15,000	15,000	CAR		0						0			0			
Below Grade Structure	25,000	25,000	CAR		0						0	1,200	30,000,000		0		
Modification to (E) Garage Ramp	1,000,000		LS			0					0			0			
Subtotal B						339,969,210					0		395,856,575		19,418,000		
C																	
FF&E																	
Medical Equipment/FF&E & Technology/Tele data																	
Major Equipment			LS			44,626,800							11,940,000		1,200,000		
FF&E			LS			3,514,540							10,985,800		400,000		
Tele/Data/LAN			LS			19,034,750							17,220,300		1,200,000		
Subtotal C						67,176,090					0		40,146,100		2,800,000		
D																	
SITEWORK & UTILITIES																	
SITEWORK																	
Road	35	35	GSF		0						0	100,000	3,500,000		0		
Hardscape	25	25	GSF		0						0	120,000	3,000,000	5,000	125,000		
Softscape	15	15	GSF		0						0	280,000	4,200,000	5,000	75,000		
Utility Distribution	5,000	5,000	LF		0						0	700	3,500,000		0		
Building Terrace	50	50	GSF		0						0	15,000	750,000		0		
SITE UTILITIES																	
(For new buildings only)	1,000	1,000	LF			0					0	800	800,000	100	100,000		
Subtotal D						0					0		15,750,000		300,000		
E																	
MITIGATION ITEMS																	

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San Francisco General Hospital		07/07/2003 Draft R2															
Concept Development																	
Preliminary Capital Cost Planning Model																	
ESTIMATE DETAILS																	
		Potrero		Mission Bay		Potrero		Mission Bay		Potrero		Mission Bay		Other		Mission Bay	
Item Description		U. C. \$		U. C. \$ UNIT		Quantity Estimated \$		Quantity Estimated \$		Quantity Estimated \$		Quantity Estimated \$		Quantity Estimated \$		Quantity Estimated \$	
	66" Sewer Main to be Relocated		1,500	LF		0	0		0		0		0		0		0
	Utility Tunnel		3,000	LF		0	0		0		0		0		0		0
	Hazmat Abatement, Allowance	1,000,000		LS		0	0		0		0		1.5	1,500,000		0	0
	Archaeology, Allowance		1,000,000	LS		0	0		0		0						0
	Subtotal E					0	0		0		0			1,500,000		0	0
	SUBTOTAL X (Sum of Subtotals B, C, D & E)						407,145,300		0		453,252,675					22,518,000	
F	PROJECT RELATED COSTS																
	Design/Management/Inspection			25%			101,786,000		0		113,313,000					5,630,000	
	Relocation Cost Allowance	5		5 GSF		0	0		0		1,813,557		9,067,785		266,000		
	Artwork Allowance			2%			8,143,000		0		9,065,000				450,000		
	Subtotal F						109,929,000		0		131,445,785				6,346,000		
	SUBTOTAL Y (Sum of Subtotals B, C, D, E & F)						517,074,300		0		584,698,460				28,864,000		
G	PROJECT CONTINGENCY			10%			51,707,000		0		58,470,000				2,886,000		
H	COST ESCALATION TO 2010			12%			62,049,000		0		70,164,000				3,464,000		
	Subtotal G+H						113,756,000		0		128,634,000				6,350,000		
I	TOTAL ITEMS A-H (Sum of Subtotals A - H)						630,830,300		0		717,628,420				35,214,000		

San Francisco General Hospital		07/07/2003 Draft R2		Concept B		Replacement Hospital		Other	
Concept Development									
Preliminary Capital Cost Planning Model									
ESTIMATE DETAILS									
Item/Description	Potrero U. C. \$	Mission Bay U. C. \$	UNIT	Potrero Quantity	Potrero Estimated \$	Mission Bay Quantity	Mission Bay Estimated \$	Potrero Quantity	Mission Bay Estimated \$
A LAND PROVISION COSTS									
Property Acquisition at Mission Bay (per SOM)		100,000,000	LS					1.00	100,000,000
Property Acquisition at Potrero - TBD					0		0		0
Property Sale at Potrero - TBD					0		0		0
Demolish Existing Structures at Mission Bay - TBD					0		0		0
Demolish Existing Houses at Potrero	80,000		EA		0		0		0
Demolish Existing Bldgs M, 100, 3	20		SF		0		0		0
Subtotal A					0		0		100,000,000
B BUILDINGS									
NEW BUILDINGS									
Inpatient Beds	415	425	GSF		0	453,816	192,871,800		0
Diagnostic & Treatment	380	390	GSF		0	284,753	111,053,670		0
Outpatient Services	290	290	GSF		0		0	119,700	34,713,000
Research	363	363	GSF		0		0	159,600	58,254,000
Support	275	275	GSF		0		0	534,487	146,983,925
Central Plant									0
Replacement Hospital	1,000	1,000	GSF		0	30,000	30,000,000		0
Others	600	600	GSF		0		0	10,000	6,000,000
RENOVATION									
Inpatient Beds	415	425	GSF		0		0		0
Diagnostic & Treatment	380	390	GSF		0		0	49,280	18,726,400
Outpatient Services	290	290	GSF		0		0	88,500	25,665,000
Research	363	363	GSF		0		0	80,000	29,200,000
Support	275	275	GSF		0		0	98,575	27,108,125
FACILITY UPGRADES									
Building 5 - Seismic Upgrade	30		GSF		0		0	617,400	18,522,000
Historical district buildings	75		GSF		0		0		0
Upgrade Existing Central Plant	400		GSF		0		0		0
NEW HOUSING									

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San Francisco General Hospital		07/07/2003 Draft R2															
Concept Development																	
Preliminary Capital Cost Planning Model																	
ESTIMATE DETAILS																	
Item Description	Potrero U. C. \$	Mission Bay U. C. \$	UNIT	Concept B		Replacement Hospital		Mission Bay		Potrero		Other		Mission Bay			
				Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$
24th Street Housing - TBD			EA		0												0
PARKING																	
New Above Grade Structure	15,000	15,000	CAR		0									2,000	30,000,000		
Below Grade Structure	25,000	25,000	CAR		0									0	0		
Modification to (E) Garage Ramp	1,000,000		LS		0					1	1,000,000						0
Subtotal B					0		333,925,470				120,221,525				275,950,925		
C																	
Medical Equipment/FF&E & Technology/Tele data																	
Major Equipment			LS		0												7,200,000
FF&E			LS		0												8,399,175
Tele/Data/LAN			LS		0												12,329,175
Subtotal C					0		58,901,850				23,291,990				27,928,350		
D																	
SITEWORK & UTILITIES																	
SITEWORK																	
Road	35	35	GSF		0									180,000	6,300,000		
Hardscape	25	25	GSF		0									152,000	3,800,000		
Softscape	15	15	GSF		0									354,000	5,310,000		
Utility Distribution	5,000	5,000	LF		0									900	4,500,000		
Building Terrace	50	50	GSF		0									15,000	750,000		
SITE UTILITIES																	
(For new buildings only)	1,000	1,000	LF		0					1,000	1,000,000			1,000	1,000,000		
Subtotal D					0						1,000,000				21,660,000		
E																	
MITIGATION ITEMS																	

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San Francisco General Hospital		07/07/2003 Draft R2											
Concept Development													
Preliminary Capital Cost Planning Model													
ESTIMATE DETAILS													
Item/Description	Potrero U. C. \$	Mission Bay U. C. \$	UNIT	Concept B		Replacement Hospital		Other					
				Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$
66" Sewer Main to be Relocated		1,500	LF	0	0	0	0	0	0	1,500	2,250,000	0	0
Utility Tunnel		3,000	LF	0	0	0	0	0	0	100	300,000	0	0
Hazard Abatement, Allowance	1,000,000	1,000,000	LS	0	0	0	0	0.4	400,000	1.0	1,000,000	1.0	1,000,000
Archaeology, Allowance		1,000,000	LS	0	0	0	0	0	0	1.0	1,000,000	0	0
Subtotal E				0	0	0	0		400,000		4,550,000		
SUBTOTAL X (Sum of Subtotals B, C, D & E)				0	0		392,827,320		144,913,515		330,089,275		
F PROJECT RELATED COSTS													
Design/Management/Inspection			25%	0	0	0	98,207,000		36,228,000		82,522,000		
Relocation Cost Allowance	5	5	GSF	0	0	0	0	1,109,008	5,545,040	823,787	4,118,935		
Artwork Allowance			2%	0	0	0	7,857,000		2,898,000		6,602,000		
Subtotal F				0	0	0	106,064,000		44,671,040		93,242,935		
SUBTOTAL Y (Sum of Subtotals B, C, D, E & F)				0	0	0	498,891,320		189,584,555		423,332,210		
G PROJECT CONTINGENCY			10%	0	0	0	49,889,000		18,958,000		42,333,000		
H COST ESCALATION TO 2010			12%	0	0	0	59,867,000		22,750,000		50,800,000		
Subtotal G+H				0	0	0	109,756,000		41,708,000		93,131,000		
I TOTAL ITEMS A-H (Sum of Subtotals A - H)				0	0	0	608,647,320		231,292,555		616,465,210		

San Francisco General Hospital		07/07/2003 Draft R2																	
Concept Development																			
Preliminary Capital Cost Planning Model																			
ESTIMATE DETAILS																			
Item	Description	Potrero U. C. \$	Mission Bay U. C. \$	UNIT	Concept C			Replacement Hospital			Mission Bay			Other					
					Quantity	Estimated \$	Potrero	Quantity	Estimated \$	Potrero	Quantity	Estimated \$	Potrero	Quantity	Estimated \$				
A	LAND PROVISION COSTS																		
	Property Acquisition at Mission Bay (per SOM)		100,000,000	LS															
	Property Acquisition at Potrero - TBD					0		0											
	Property Sale at Potrero - TBD					0		0											
	Demolish Existing Structures at Mission Bay - TBD					0		0											
	Demolish Existing Houses at Potrero	80,000		EA		0		0											
	Demolish Bldgs M, 100, 3	20		SP		0		0											
	Subtotal A					0		0									100,000,000		
B	BUILDINGS																		
	NEW BUILDINGS																		
	Inpatient Beds	415	425	GSF		0	453,816	192,871,800											
	Diagnostic & Treatment	380	390	GSF		0	350,295	136,615,050											
	Outpatient Services	290	290	GSF		0		0									237,405	68,847,450	
	Research	365	365	GSF		0		0									266,000	97,090,000	
	Support	275	275	GSF		0		0									665,592	183,037,800	
	Central Plant	1,000	1,000	GSF		0													
	Replacement Hospital	600	600	GSF		0	30,000	30,000,000									10,000	10,000,000	
	Others							0											
	RENOVATION																		
	Inpatient Beds	415	425	GSF		0		0									0	0	
	Diagnostic & Treatment	380	390	GSF		0		0									0	0	
	Outpatient Services	290	290	GSF		0		0									0	0	
	Research	365	365	GSF		0		0									0	0	
	Support	275	275	GSF		0		0									0	0	
	FACILITY UPGRADES																		
	Building 5 - Seismic Upgrade	30		GSF		0		0									0	0	
	Historical district buildings	75		GSF		0		0									0	0	
	Upgrade Existing Central Plant	400		GSF		0		0									0	0	
	NEW HOUSING																		

San Francisco General Hospital			07/07/2003 Draft R2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			</
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WORKING DRAFT

0148-4951

San Francisco General Hospital		07/07/2003 Draft R2											
Concept Development													
Preliminary Capital Cost Planning Model													
ESTIMATE DETAILS													
		Mission Bay		Replacement Hospital			Mission Bay			Other			
		Potrero		Potrero			Potrero			Potrero			
Item	Description	U. C. \$	U. C. \$ UNIT	Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$	Quantity	Estimated \$
	66" Sewer Main to be Relocated		1,500 LF		0		0		0		0	1,500	2,250,000
	Utility Tunnel		3,000 LF		0		0		0		0	100	300,000
	Hazmat Abatement, Allowance	1,000,000	1,000,000 LS		0		0		0		0	1.0	1,000,000
	Archaeology, Allowance		1,000,000 LS		0		0		0		0	1.0	1,000,000
	Subtotal E				0		0		0		0		4,550,000
	SUBTOTAL X (Sum of Subtotals B, C, D & E)				0		426,662,940		0		0		457,661,350
F	PROJECT RELATED COSTS												
	Design/Management/Inspection		25%		0		106,666,000		0		0		114,415,000
	Relocation Cost Allowance	5	5 GSF		0		0		0		0	1,997,148	9,985,740
	Artwork Allowance		2%		0		8,533,000		0		0		9,153,000
	Subtotal F				0		115,199,000		0		0		133,553,740
	SUBTOTAL Y (Sum of Subtotals B, C, D, E & F)				0		541,861,940		0		0		591,215,090
G	PROJECT CONTINGENCY		10%		0		54,186,000		0		0		59,122,000
H	COST ESCALATION TO 2010		12%		0		65,023,000		0		0		70,946,000
	Subtotal G+H				0		119,209,000		0		0		130,068,000
	TOTAL ITEMS A-H (Sum of Subtotals A - H)				0		661,070,940		0		0		821,283,090

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: <http://www.dph.sf.ca.us>

AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, August 26, 2003

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

DOCUMENTS DEPT.

AUG 25 2003

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE MEETING OF
JULY 22, 2003**

**Minutes of July 22, 2003*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**

(Barbara Garcia, Deputy Director, Community Health Network,
Community Programs)

(Activities and Operations of Community Health Network)

**Report*

- 4) FOR DISCUSSION: HOUSING AND HOMELESS SERVICES ANNUAL REPORT
(Anne Kronenberg, Deputy Director/Dir. Policy and Planning;
Joshua Bamberger, M.D., Medical Director and Margot
Antonetty, Director of Programs, Housing and Urban Health)
**Update*
- 5) FOR DISCUSSION: MC MILLAN STABILIZATION CENTER REPORT
(Barbara Garcia, Deputy Director, Community Health
Network, Community Programs)
**Report*
- 6) FOR DISCUSSION: SFGH REBUILD UPDATE
(John Kanaley, Senior Associate Administrator, SFGHMC
Support Services)
**Update*
- 7) FOR DISCUSSION: EMERGING ISSUES
- 8) PUBLIC COMMENTS**
- 9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

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≡ MINUTES

≡ JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, August 26, 2003

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:14 p.m.

Present: Commissioner Edward A. Chow, M.D, Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Margot Antonetty, Joshua Bamberger, Rob Bannon, Robert P. Cabaj,
Sai-Ling Chan-Sew, Mary Louise Fleming, Larry Funk, Barbara
Garcia, John Kanaley, Judith Klain, Anne Kronenberg, Wylie Liu,
Maria X. Martinez, Gene O'Connell, David Ofman, Jorge Partida,
Frank Patt, Carlos Villalva, Barry Zevin

2) APPROVAL OF MINUTES FOR THE JCC-CHN MEETING OF JULY 22, 2003

Action Taken: The Committee approved the minutes of the July 22, 2003
Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia presented the Secretary's Report.

STAFF UPDATES

Asian Mental Health Task Force Honors Linda Wang

Linda Wang, LCSW, Director of Adult and Older Adult Mental Health Services, Community Behavioral Health Service, was honored by the Asian Mental Health Task Force for her 30 years of excellent services at its Asian Heritage Month dinner celebration on May 31, 2003 in San Francisco. The honoring event was a Chinese banquet that included remarks from Barbara Garcia, MPH, Director of Community Programs, and that brought together many Asian community mental health and substance abuse service providers who have been committed to improving behavioral health services for Asian consumers and their families in San Francisco.

Development of Dental Guide by Rose Clifford

Rose Clifford, a dental hygienist with the Child Health Disability Prevention (CHDP) Program of the Maternal and Child Health section, developed a dental assessment tool that was selected by the California Department of Health Services to be distributed and used statewide by all CHDP program providers.

PROGRAM UPDATES

Mental Health Fair

In celebration of Mental Health month, on May 31, 2003, mental health consumers of Community Behavioral Health Services held a second annual Mental Health Fair at the San Francisco Library, featuring consumer run organizations in San Francisco. This event, sponsored by CBHS's Office of Cultural Competence and Consumer Relations was attended by more than 200 people and included opening remarks by Dr. Bob Cabaj, Director of CBHS, poetry readings, singing, and informational booths representing 12 mental health organizations offering self-help services.

San Francisco General Hospital Diversion Report

The Emergency Department [ED] recorded 46 episodes of diversion for 156 hours representing a rate of 21.0% in July 2003. This is a 1.0% decrease in diversion since June 2003.

The 46 episodes of diversion are categorized as follows:

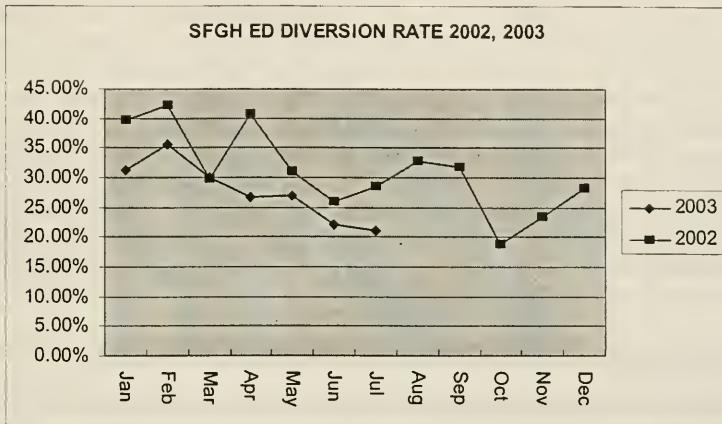
Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	46	156	21.0%	1.0%
Trauma Override	4	15.6	2.1%	3.9%

The ED was impacted by capacity and high patient acuity during the 46 episodes of Total Diversion and Trauma Override. During this time, 274 patients were pending admission to inpatient beds [ICU-17, 4B/StepDown-109, MedSurg-148]. In July 2002, the ED was on Total Diversion 28.5% of the month. Trauma Override was invoked 1.5% of the month in July 2002.

Total Diversion was recorded for 46 episodes, a total of 156 hours or a 21% rate for July 2003, and a 1.0% decrease in Total Diversion since June 2003. While on Total Diversion the ED held 274

patients in July 2003. While on Total Diversion in July 2002, the ED held 257 patients awaiting inpatient beds.

Trauma Override was recorded for four episodes, a total of 15.6 hours or a 2.1% rate for July 2003. This is a 3.9% decrease in Trauma Override since June 2003. While on Trauma Override the ED held While on Trauma Override in July 2002, the ED held 42 patients awaiting inpatient beds.



MAGNET Services Center Opens

On July 9, 2003 the MAGNET Services Center officially opened its doors for services in the Castro Area of the City. MAGNET is a collaborative effort funded by the Health Department, Bristol-Myers Squibb Virology and the University of California, San Francisco. The Center is organized by and for gay men and its main purpose is to promote the health of gay men who live, work or hang out in the Castro area of San Francisco, the predominately gay area of the City. MAGNET will provide sexual health services, including STD screening, treatment and information in what they describe as a "convenient, safe and fun place." During their first week of operation (July 9-12), Magnet provided clinical services to 27 men, including gonorrhea and Chlamydia testing, syphilis testing, hepatitis A/B vaccinations and HIV-Orasure testing.

EVENTS, TRAININGS AND PRESENTATIONS

Injury Prevention Conference

On September 10th, from 8:30 AM to 3:30 PM, the Community Health Education Section will host a conference titled "Communities in Action to Prevent Injuries." The conference will be in the basement of the State Building at 455 Golden Gate Avenue. Speakers include Billie Weiss, Director of the Injury Prevention Section at the Los Angeles County Department of Health Services, and Anne Seeley, Active Communities Coordinator with the Physical Activity and Health Initiative at the California Department of Health Services. The conference is free, but pre-registration is required. For more information, or to receive a registration form, contact Ana Validzic at (415) 581-2478 or ana.validzic@sfdph.org

Commissioners' Comments:

- Commissioner Chow asked how different the MAGNET Services Center is from other outreach program within the Department. Ms. Garcia responded that there is no other drop in program for gay men in the Castro. The director, Michael Siever has a successful track record with program development, and the program is not duplicative of other Department efforts.
- Commissioner Chow asked how long the MAGNET Services Center is being funded. Ms. Garcia responded that she believes it is a two-year contract, but will get that information.
- Commissioner Chow asked how the MAGNET Services Center is different from the new LGBT Center on Market St. Ms. Garcia responded that for this program the target is just gay men, not the larger LGBT community, and its focus is on STD and risk behavior reduction. Commissioner Chow requested a six-month follow-up on the MAGNET Services Center to the CHN JCC, including its role in the network of service delivery. Commissioner Sánchez indicated that it would be helpful if the director/principal investigator were present at that presentation. Commissioner Guy noted that it would be helpful to explain the program model and how it fits into the larger care network.

4) HOMELESS AND HOUSING SERVICES ANNUAL REPORT

Anne Kronenberg and Joshua Bamberger presented the annual report on Homeless and Housing Services. Dr. Bamberger began the presentation by noting the public health aspects of the homeless population including the prevalence of substance abuse and mental health issues among this population, and their high utilization of emergency and institutional care. He noted the need to work more effectively with the chronically homeless, indicating that ten percent of the homeless population consumes 50 percent of the hospital inpatient days among homeless people, and 75 percent of the emergency department visits among homeless people.

Ms. Kronenberg continued with the recent local development including that this has been a high profile concern over the past year, including passage and subsequent court action on Proposition N or "Care Not Cash." Regardless of the outcome of that debate, we can expect changes in local welfare for the homeless population. She also noted the successes of the local homeless coordinating committee and the implementation of the CHANGES MIS system designed to get an unduplicated count of homeless people seeking services and to assist with the intake and case management of those seeking services.

Ms. Kronenberg noted the goals for the Department, which include, prevent homelessness through primary prevention, primary care, and behavioral health services; and provide a range of flexible and integrated housing and supportive services. She noted that these goals are consistent with the Department's Strategic Plan and in keeping with the Department's Harm Reduction policy. Ms. Kronenberg continued with the guiding principles for homeless and housing services, which include, practice harm reduction, partner with external organizations, collaborate across the Department, focus on the chronically homeless, and develop outcome-based services.

Dr. Bamberger presented the accomplishments in homeless and housing services over the past year, including increased housing options (integration of the Windsor, opening of the Star and Camelot, and expansion of emergency housing), expanded services for homeless people (improved patient flow, integration of behavioral health services into supportive housing, incorporation of medical services at DAH sites, and expansion of needle exchange and medical respite), increased

collaboration across sections within the Department (integrated administrative structure, MOST team, McMillan Stabilization Center, Behavioral Health integration), and strengthened partnerships (federal agencies, City Departments, and advocacy groups). Dr. Bamberger relayed a case study of a 54-year-old man with a history of homelessness, severe depression, and heroin use who was hospitalized for eight months at St. Luke's for uncontrolled diabetes and fasciitis, resulting in a leg amputation. He was released to the Windsor Hotel, and despite problems with selling his methadone, the staff at the Windsor has been able to work successfully with him using harm reduction methods, and he is currently stable.

Dr. Bamberger concluded by describing the 2003-04 planned projects, including expansion of respite services, development of senior specific housing, development of a new DAH site through a federal grant, expansion of health services at DHS master lease sites, continued upgrades at Tom Waddell Clinic, and further development of the McMillan Stabilization Center. He asked the Commissioners for their assistance on seven recommendations, including expand housing options, expand health services and tailor services to move people from institutional to community-based care, increase health services at DHS sites, expand primary care for homeless people, increase mainstream funding sources, continue integration within DPH, and maintain and expand connections with state and federal advocacy organizations.

Commissioners' Comments

- Commissioner Chow asked whether the CHANGES system is using names only to identify clients. Ms. Kronenberg responded that it also uses the client's social security number to create a unique identifier. Consideration has been given to finer imaging, although this created a great deal of controversy.
- Commissioner Sánchez asked whether the burden of disease data were just among the 393 people housed at DAH sites. Dr. Bamberger responded in the negative adding that they are from a representative sample of the homeless in the City. Commissioner Sánchez suggested that it would be helpful to define the total population at the start of the presentation. Ms. Martinez added that it would be helpful to include a description of which segment(s) of the homeless population is included, and to include some discussion on the services provided to homeless families.
- Commissioner Chow requested that an estimate of the total population of homeless people in San Francisco be included, even if there is not an exact count, in order to provide a context for the degree of the problem. He also requested a discussion of the variety of services provided at the DAH sites, why the Department operates housing units in addition to DHS, how many people are served in one year at the DAH sites, and whether this is a shift to the Department being in the business of operating permanent housing. Dr. Bamberger responded that it was not the goal of the presentation to be DAH oriented. He suggested that he come back at a later date to do a DAH-specific presentation, as it is not representative of the array of services provided to the homeless population.
- Commissioner Guy noted that perhaps too much is trying to be accomplished in a short report. Trying to combine two reports is more challenging than initially thought. Talking about providing permanent housing is a paradigm shift for the Department. Perhaps the assumptions need to be reiterated: housing as health care; coping with a variety of problems including substance abuse, mental illness, chronic illness; the Department has a role in permanent housing; why the Department should be in that business; etc.

- Commissioner Sánchez indicated the need to justify why the Department is doing housing when others are also doing it, working from an evidence-based approach.
- Commissioner Chow noted that the Commission could not talk about policy, since pieces are missing. Dr. Bamberger suggested that this presentation be made the best that it can be and that there be a separate DAH presentation.
- Commissioner Guy noted that housing and homelessness are intricately linked and the Commission needs help in navigating that.
- Commissioner Chow stated that it's hard to react to the recommendations without more information. For example, why are today's Department programs important in meeting today's needs? What are the measures of success for these programs? He needs the context of the entire homeless approach. Why do we need to not only continue these programs, but to expand them? He requested more background on one program (housing) in order to justify it. Ms. Antonetty responded that the report is trying to do too much. Even within housing, all of the programs are not mentioned, such as transitional housing, emergency housing, etc. Commissioner Guy responded that all of these programs should be acknowledged with numbers included, but the focus should be on one program – DAH. Ms. Garcia added that what's not included is the policy background that it takes to implement these types of programs. Commissioner Sánchez added that data drives the policy, so it's important to have one unit responsible for tracking that data and uniform definitions within the data.
- Commissioner Guy indicated the need to say there have been successes. For example, the Board of Supervisors asked Housing and Urban Health to do more work and included addbacks to do the work in a time of cutbacks.

5) **McMILLAN STABILIZATION CENTER REPORT**

Ms. Garcia and Dr. Zevin presented an update on the newly opened McMillan Stabilization Center. Ms. Garcia began by presenting the program goals, which include provide better care for chronic public inebriates and improve their health outcomes, decrease the number of inappropriate ambulance transfers of chronic public inebriates to EDs, and decrease the number of inappropriate chronic inebriates seen in EDs. The project grew out of a Board of Supervisors appointed Hospital Diversion Task Force charged to address hospital diversion and the medical burden of chronic public inebriates. Based on the task force findings, a pilot sobering center that includes medically safe triage protocols and on site case management and linkages was created at the McMillan Center at 39 Fell Street. The target population includes homeless public inebriates who are at high risk of death or other negative health outcome and are heavy users of health services, ambulances, and EDs.

Dr. Zevin presented data on why it's important to focus on this population including the health effects of alcohol dependence and high health service utilization of inebriates. He described the process of developing the center, including the planning committees, the stakeholders, and the project team members. He described the patient flow including how clients get into the center from EMS, walk-ins, MAP van, and the police and others, and how they are then connected to services, including primary care, detox, housing, and behavioral health, and in acute cases to 911. When fully staffed, the center will be open 24 hours per day, seven days per week, 365 days per year. Currently the center operates five days per week, 24 hours per day.

Ms. Garcia concluded by noting that opening the center has required the transfer of \$1 million in Department resources from other projects. She noted that an evaluation of whether the center needs to operate 24 hours per day or whether 18 hours may be sufficient will come out this pilot phase of the project.

Commissioners' Comments

- Commissioner Chow asked whether there was medical input in determining the outcomes that would be evaluated. Dr. Zevin responded in the affirmative, adding that a diverse committee was assembled. One of the primary goals is to “move out the inebriates” so that “regular” patients can be admitted to the EDs. He was impressed that safety was a primary concern from the beginning.
- Commissioner Guy expressed her appreciation at the quickness of the response to get the center up and running. She noted that there will be a political evaluation through the Board of Supervisors as well as a health evaluation. She inquired as to the definition of “public inebriate.” Dr. Zevin responded that the definition is homeless people with chronic alcoholism on the streets. He noted that they are not necessarily medically worse off than individuals who are chronically inebriated in their homes or in SROs. He added that this is not a cure for alcoholism, but rather the first step in treatment at best. Ms. Garcia added that these clients are high-level service utilizers who do affect the acute care system for others.
- Commissioner Chow asked when the center opened. Dr. Zevin responded that July 18 was the official start date. Commissioner Chow asked how many clients are seen per day. Dr. Zevin responded that it ebbs and flows during the month, and is typically busier around “check day,” but on average they are seeing 20 clients per day.
- Commissioner Guy asked when the first report to the Board of Supervisors is due. Ms. Garcia responded that it has not yet been scheduled. Commissioner Guy noted that one question from the Board will be the criteria for success. She added that they should learn from the experience of the Treatment on Demand Council that it takes more resources than anticipated at the start. Ms. Garcia responded that they are evaluating improved health outcomes, decreased inappropriate ambulance transfers, and decreased inappropriate public inebriates in the EDs. She added that they are purposefully not evaluating a decrease in public inebriation, and that this center will not solve the diversion problem.

6) SFGH REBUILD UPDATE

John Kanaley and Carlos Villalva presented an update on the SFGH rebuild concept development. Mr. Kanaley noted that they are down to two concepts as Concept B, the split campus, has been eliminated due to cost and operational problems. He did a presentation on the changes to the two remaining concepts since their last report:

- *Concept A: Entire rebuild at the current Potrero Campus*
The replacement hospital would abut the current hospital at the present location of buildings 100 and 3. This would include a new underground parking lot with a new clinic building above in the current grassy area between buildings 10/20 and 30/40, and infill of the brick buildings for research. It would require the purchase and demolition of 11 housing units, three of which are renter occupied and eight are owner occupied. At present the owners are completely opposed.
- *Concept C: Entire rebuild at Mission Bay*
No changes to this concept since the last report.

Mr. Villalva presented on the concept costs and evaluation criteria. Concept A has an estimated cost to SFGH of \$1,264.5 million and an estimated cost to UCSF of \$153.7 million for a total estimated cost of \$1,418.2 million. Concept C has an estimated cost to SFGH of \$1,561.5 million and an estimated cost to UCSF of \$112.7 million for a total estimated cost of \$1,674.2 million. He described the evaluation criteria, which has asked staff to vote on concerns related to the hospital's mission statement and planning and construction considerations. To date those votes have been evenly split between the two concepts.

Commissioners' Comments

- Commissioner Chow noted that the estimate of the land cost at Mission Bay had dropped to \$215 from \$250 in the previous report. Mr. Kanaley responded that \$215 reflects current estimates. Commissioner Chow cautioned that there is a competitive bidder for the land – UC.
- Commissioner Chow stated that the Commission will continue to look at both scenarios through October, and that the Steering Committee can weigh in with a recommendation. Both scenarios should remain on the table for public view and comment at the October Health Commission meeting where the choice between the two concepts will be made.
- Mr. Villalva asked whether the report to the Commission in October should include the background on SB 1953 and the process that led to the narrowing to two concepts. Commissioner Chow responded in the affirmative. There should be an explanation of why SFGH is being rebuilt and the process that got us to this point. Ms. O'Connell noted the need for more refined pro and con criteria for the September 9 Steering Committee meeting when a recommendation will be determined and for the October Health Commission meeting.
- Commissioner Sánchez cautioned not to underestimate the effects of the current cuts to higher education on this process. He added that for the first time ever, there have been cuts to research at UC, which will affect UC's participation in this rebuild.

7) EMERGING ISSUES

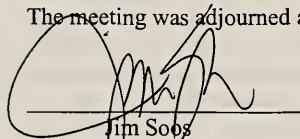
None

8) PUBLIC COMMENTS

None

9) ADJOURNMENT

The meeting was adjourned at 6:00 p.m.



Jim Soos
Acting Executive Secretary
to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor
Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, September 23, 2003

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chairperson

Commissioner Roma P. Guy, M.S.W.

Commissioner David J. Sánchez, Jr., Ph.D.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES FOR THE MEETING OF
AUGUST 26, 2003
**Minutes of August 26, 2003*

3) FOR DISCUSSION: CHN SECRETARY'S REPORT
(Barbara Garcia, Deputy Director, Community Health Network,
Community Programs)
(Activities and Operations of Community Health Network)
**Report*

- 4) FOR DISCUSSION: SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE
(John T. Kanaley, Senior Associate Administrator for Support Services, SFGHM)
**Update*
- 5) FOR DISCUSSION: EMERGING ISSUES
- 6) PUBLIC COMMENTS**
- 7) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

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Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

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Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code §2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Edward A. Chow, M.D.
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MINUTES

**JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING**

Tuesday, September 23, 2003

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Bob Cabaj, Rowena Esquieres, Barbara Garcia, John Kanaley,
Maria X. Martinez, Gene O'Connell, David Ofman, M.D.,
Frank Patt, Gregg Sass, Marc Trotz, Carlos Villalva,

2) APPROVAL OF MINUTES FOR THE MEETING OF AUGUST 26, 2003

Action Taken: The Committee approved the minutes of the August 26, 2003 CHN JCC meeting with one correction: Commissioner Chow's comment under the SFGH Rebuild update (page 8) should say \$215 *million* and \$250 *million*.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the Secretary's Report.

STAFF UPDATES

Proyecto ContraSIDA Por Vida honors Barbara Garcia, Deputy Director of Health
Proyecto ContraSIDA Por Vida (PCPV) celebrated 10 years of serving the Latina/o bisexual, lesbian, transgender, and gay communities in resisting/responding to HIV and other diseases. This year, PCPV's *Por Vida Awards* honored Deputy Director of Health, Barbara Garcia, for her dedication to improving the quality of health and health care in the Latino community and for her leadership in the adoption of a harm reduction mandate in the City and County of San Francisco. The *Por Vida Awards* celebration was held on Sunday, September 14, at the Blue Room Gallery.

PROGRAM UPDATES

San Francisco General Hospital Diversion Report

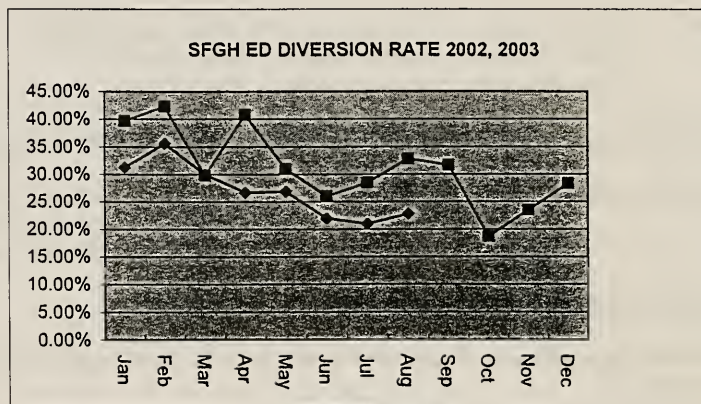
The Emergency Department (ED) recorded 43 episodes of diversion for 170 hours representing a rate of 22.8% in August 2003. This is a 1.8% increase in diversion since July 2003. The 43 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	43	170	22.8	1.8%
Trauma Override	7	26.7	3.6%	1.5%

The ED was impacted by capacity and high patient acuity during the 43 episodes of Total Diversion and Trauma Override. During this time, 279 patients were pending admission to inpatient beds (ICU-18, 4B/StepDown-85, MedSurg-176). In August 2002 the ED was on Total Diversion 32.8% of the month. Trauma Override was invoked 2.3% of the month in August 2002.

Total Diversion was recorded for 43 episodes, a total of 170 hours or a 22.8% rate for August 2003, and a 1.8% increase in Total Diversion since July 2003. While on Total Diversion the ED held 279 patients in August 2003. While on Total Diversion in August 2002, the ED held 302 patients awaiting inpatient beds.

Trauma Override was recorded for 7 episodes, a total of 26.7 hours or a 3.6% rate for August 2003. This is a 1.5% increase in Trauma Override since July 2003. While on Trauma Override the ED held 51 patients in August 2003. While on Trauma Override in August 2002, the ED held 48 patients awaiting inpatient beds.



September 25, 2003

Syphilis Awareness Materials for Providers

Copies of newly developed syphilis posters were distributed to nearly 100 private providers in August. The posters contained graphic color photos of primary and secondary syphilis symptoms and were designed to be helpful to providers in raising their awareness of these symptoms when evaluating high-risk clients. During this same period a new brochure called "Screening and Management of Syphilis in HIV Infected Patients" was distributed to over 250 private providers in San Francisco.

Medication Adherence Project

In cooperation with Westside Community Mental Health and with support from an Eli Lilly grant, the Quality Management Unit of Community Behavioral Health Services completed an eighteen-month pilot program designed to improve client medication compliance. Twenty-six individuals with a history of inconsistent medication compliance were enrolled in the project. Over 80% of the enrollees were tracked on a daily basis. Of this number, there was an average of 98% compliance, various acute service costs were reduced by 42 to 95% and providers noted that many of the clients also made significant gains in quality of life issues during the pilot period.

The San Francisco Single Point of Responsibility (SPR) Programs: Five Year Cost Analysis

Single Point of Responsibility (SPR) programs provide capitation-funded assertive community treatment services and began in San Francisco early in 1997. The Quality Management Unit of CBHS has completed a five-year analysis of the county's three SPR programs. This analysis compared the cumulative costs and the number of days in locked care of 248 clients enrolled in an SPR program to the cumulative costs and locked days of 300 comparison clients who were eligible for the SPR programs but did not enroll. Overall, results suggest the SPR programs are cost saving for the county after five years. Clients cost no more than they would have had they not been enrolled in an SPR and, among high service users, cost less. More importantly, the high service cost clients had an improvement in quality of life incident by spending less time in locked facilities.

Mobile Crisis Treatment Team (MCTT) Update

In FY 02-03, Mobil Crisis Treatment Team (MCTT) received 2,670 requests for services, conducted 886 field visits, and saw 691 unduplicated clients. The Team provided assessments and linkage to follow-up care. The 886 visits included 742 initial field visits, 91 follow-up field visits, 37 medication linkage visits and 16 follow-up medication linkage visits. The 5150 rate for all clients seen was 43%. As part of MCTT's mission to reduce use of acute care, 131 evaluations were also performed by MCTT in fee-for-service hospitals. The 5150 rate for MCTT evaluations at St. Luke's Hospital emergency room was 55% and at St. Mary's 60%. To reduce use of inpatient facilities when possible, a variety of strategies/facilities were used, e.g. crisis residential programs (34 successful admissions).

AB 2034 Homeless Outreach Program Update

One hundred sixty-three clients were served through the AB 2034 Homeless Outreach Program in FY 2002-03. For these clients, the Annual Outcome Report documented a reduction of 40% in annual average number of psychiatric hospitalization days, a 75% reduction in annual average number of days incarcerated, an 84% reduction in annual average number of days homeless on the streets or in shelters, and a 49 % increase in annual average number of days employed. The program has served a total of 205 clients since its inception.

Expansion of Emergency Housing

Different sections of DPH have placed clients in emergency hotel rooms for many years, usually as the only option to avoid discharging a client from the hospital onto the street, where an exacerbation of the medical or psychiatric condition would land the client back in the hospital. With the development of the Housing and Urban Health Section, the Department decided to consolidate these

efforts with the goal of providing a healthier and safer environment to the clients, as well as end the bureaucracy involved in having medical providers dealing with SRO owners and vice versa. Since 1999 the Emergency Housing program has expanded from providing 40 monthly emergency hotel units in one hotel to over 106 units in several hotels. On September 1, 2003 HUH added rooms for the new Sobering Center as well as the Drug Court. The program is already providing emergency housing for the Forensic AIDS Project, Prop.36, the AIDS Emergency Housing program and many different sections of DPH.

EVENTS, TRAININGS AND PRESENTATIONS

5th Annual Latino Behavioral Health Conference

Community Behavioral Health Services is sponsoring the 5th Annual Latino Behavioral Health Conference on Friday, October 24, at the Hiram Johnson State Building. The conference, entitled "Healing Our community, Creating Bridges", will cover the role of spirituality in the Latino community, cultural issues and the judicial system, mentoring, and high-risk youth resiliency.

Commissioners' Comments

- Commissioner Chow asked if the medication adherence project would be institutionalized. Barbara Garcia said it is one of those programs that would normally be institutionalized but she is not sure it will roll out in next year's budget. Dr. Cabaj added that it does not cost a lot of money, so he will work with clinic medical directors to institutionalize at behavioral health clinics. The program will also be presented to the State. Commissioner Chow asked if the department intends to continue the Single Point of Responsibility (SPR) Programs. Ms. Garcia said that it was not clear that SPR would work in San Francisco. So it was tried for a five-year period and evaluated. From a cost perspective the department broke even, and quality of life was improved, so it has been a successful program. The Department will continue it next year and evaluate if it should be expanded or modified. Commissioner Chow asked if the existence of the Mobile Crisis Treatment Team resulted in fewer hospitalizations. Dr. Cabaj said that, prior to team's existence, 80-90% of the clients would have ended up in emergency rooms. He is satisfied with the ratio that has been achieved.
- Commissioner Guy wants the State Legislature to take note of the success of the AB 2034 program. The Legislature should be applauded for implementing this program, and it should be continued.
- Commissioner Chow asked if other health departments provide the level of housing services that are provided in our department. Mr. Trotz said no other health departments provide these types of services, and cities and counties deal with housing differently, be it through housing departments, housing authorities or redevelopment agencies.
- Commissioner Sanchez commented that it is astounding that San Francisco can provide such a wealth of services. People do not have insight into the great work of the department, and it would be great if there could be a media profile like the one recently done in the Wall Street Journal on Galveston, Texas.

4) SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE

John T. Kanaley, Senior Associate Administrator for Support Services, SFGHM, presented an update on the SFGH rebuild. He reviewed the final two concepts, compared operating costs and capital costs, discussed pros and cons, the consultant's recommendation and the Steering

Committee's recommendation. The consultants recommend rebuilding at Potrero (Concept A), and the Steering Committee recommends rebuilding at Mission Bay (Concept C). This report will be presented to the Health Commission on October 7, 2003.

Commissioners' Comments

- Commissioner Chow asked if the proposed research space is more than what currently exists. Mr. Villalva said it is almost double what they have now, which would provide the university with a lot of flexibility. The university has to be willing to share the cost of developing these research facilities. Commissioner Chow asked if the psychiatric staff is happy with keeping the psychiatric unit in the current facility and renovating the wards. Dr. Cabaj said the major concern was having an isolated campus. Since this proposal was taken off the table, no significant concerns have been conveyed.
- Commissioner Sanchez said it might be beneficial to redefine our efforts to fit into the new Federal emphasis on bioterrorism, so perhaps be eligible for new sources of funding. He added that people have an expectation that the Health Commission will approve one option on October 21st, and this option will be set in stone. We need to be clear what action the Commission is and is not taking.

5) EMERGING ISSUES

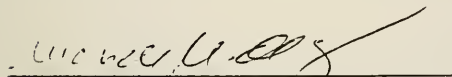
None.

6) PUBLIC COMMENTS

None.

7) ADJOURNMENT

The meeting was adjourned at 5:35 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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**JOINT CONFERENCE COMMITTEE
FOR**

OCT 27 2003

COMMUNITY HEALTH NETWORK (CHN) MEETING

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Tuesday, October 28, 2003

3:00 p.m. – 5:00 p.m.

10-27-03A11:15 RCVD

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE MEETING OF
SEPTEMBER 23, 2003**

**Minutes of September 23, 2003*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**

(Barbara Garcia, Deputy Director, Community Health Network,
Community Programs)

(Activities and Operations of Community Health Network)

**Report*

- 4) FOR DISCUSSION: PRESENTATION OF THE CHARITY CARE REPORT
(Colleen Johnson, Assistant Director, DPH Office of Policy and Planning)
**Report*
- 5) FOR DISCUSSION: HEALTH CARE ACCOUNTABILITY ORDINANCE UPDATE
(Frances Culp, Health Program Planner, DPH Office of Policy and Planning)
**Update*
- 6) EMERGING ISSUES
- 7) PUBLIC COMMENTS**
- 8) ADJOURNMENT

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≡ **HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
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Department of Public Health



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≡ **MINUTES**

≡ **JOINT CONFERENCE COMMITTEE
FOR**

COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, October 28, 2003

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) **CALL TO ORDER**

The meeting was called to order by Commissioner Chow at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.

Absent: Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Margot Antonetty, Sai-Ling Chan-Sew, Frances Culp, Larry Funk, Valerie Inouye, Colleen Johnson, Gene O'Connell, Frank Patt and Ginger Smyly.

2) **APPROVAL OF MINUTES FOR THE MEETING OF SEPTEMBER 23, 2003**

Action Taken: The Committee approved the minutes of the September 23, 2003
Community Health Network Joint Conference Committee meeting.

3) **CHN SECRETARY'S REPORT**

Gene O'Connell presented the Secretary's Report.

STAFF UPDATES

Community Behavioral Health Services Staff Honored

Each year, Support for Families of Children with Disabilities honors professionals who demonstrate an understanding of children with disabilities and their families. This year, two members of Community Behavioral Health Services Management team will be honored. They are:

Sai-Ling Chan-Sew, Director of Child, Youth, and Family System of Care. Sai-Ling was honored for her passion for improving family-centered services to children, youth, and families affected by mental health issues, her sensitivity to the cultural and language barriers facing many families in San Francisco, and her talent for collaboration with diverse groups.

Twila Brown, Director of Children's Medical Services was honored for combining the compassion of a public health nurse with the spirit of a crusader for children and youth with special health care needs. Twila created a family-centered care committee at California Children's Services and trained staff in family-centered care principles and practices.

Awards were presented at the "My Favorite Year" fundraising event Friday October 17 at the Marines' Memorial Club.

On October 23, Blue Cross held its Annual Community Appreciation Awards. Recognition awards and mini-grants were presented to recognize and thank community partners for their work on behalf of low-income families. Recognition Awards were given to Diedra Epps-Miller, MA, Director, Southeast Health Center, for her asthma and health care advocacy within the African American community. Posthumous awards were given to Dr. Patricia Evans and Dr. Evelyn Lee for their community activism and advocacy. A mini-grant was given to Silver Avenue Family Health Center to support their Centering Pregnancy Program, which provides incentives for early prenatal care.

Sam Ammons Day

Sam Ammons, Licensed Psychiatric Technician at Mission Mental Health, is celebrating 50 years with DPH. Mr. Ammons began working at SFGH on October 10, 1953 and has worked at Mission Mental Health for the past 31 years. Mayor Brown marked the occasion by declaring October 10, 2003, "Sam Ammons Day" in San Francisco.

PROGRAM UPDATES

New San Francisco Community Clubhouse.

The San Francisco Community Clubhouse, formally Bayview Clubhouse, is under new management and has re-designed its program into a Wellness-Recovery Center. The Clubhouse helps people with mental illness achieve their potential by promoting self-help, peer support; self-sufficiency; and the therapeutic value of meaningful work, feeling needed, and belonging to a community. The Community Clubhouse program focuses on the development and enhancement of pre-vocational and social skills and embodies the philosophy that individuals can and do recover.

SF-PIC Collaborates with Local Churches

The Family Interest Group of the San Francisco Practice Improvement Collaborative has developed a partnership with local churches, substance abuse treatment providers, and recovery community members to pilot a program bringing addiction information and treatment options to the African American community. So far, two very successful trainings were held at local BVHP churches. Next steps of this pilot project are to schedule the trainings for a larger church in BVHP. The SF-

PIC is currently in discussion with Providence Baptist Church, a church with a membership of 500-600. The SF-PIC is also exploring the possibility of using SF-PIC grant carry-forward funds to support these types of education trainings throughout Bayview-Hunters Point.

Direct Access to Housing

Congratulations to Marc Trotz and his staff for receiving \$3.5 million for the Department's Direct Access to Housing program. The grant will fund a new 90-unit building that will provide housing and services for chronically homeless individuals. Philip Mangano, Executive Director of the Interagency Council on Homelessness that awarded the grant, joined Mayor Brown, Marc Trotz and other officials at a press conference last week to mark the award.

San Francisco General Hospital Diversion Report

The Emergency Department [ED] recorded 52 episodes of diversion for 110 hours representing a rate of 15.3% in September 2003. This is a 7.5% decrease in diversion since August 2003.

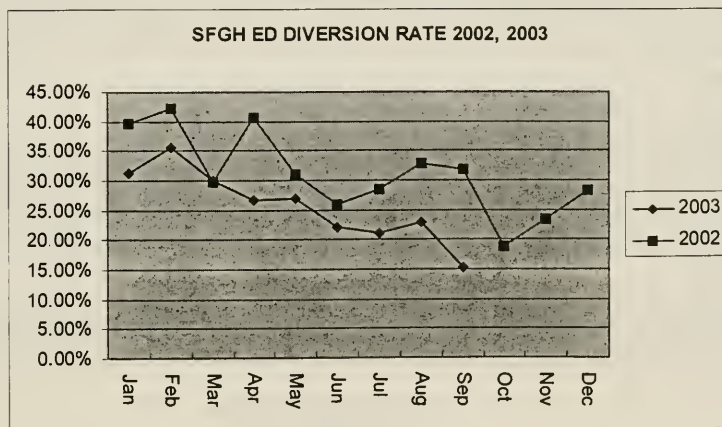
The 52 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	52	110	15.3	7.5%
Trauma Override	11	56.2	7.8	4.2%

The ED was impacted by capacity and high patient acuity during the 52 episodes of Total Diversion and Trauma Override. During this time, 317 patients were pending admission to inpatient beds [ICU-25, 4B/StepDown-98, MedSurg-194]. In September 2002, the ED was on Total Diversion 31.7% of the month. Trauma Override was invoked 3.0% of the month in September 2002.

Total Diversion was recorded for 52 episodes, a total of 110 hours or a 15.3% rate for September 2003, and a 7.5% decrease in Total Diversion since August 2003. While on Total Diversion the ED held 317 patients in September 2003. While on Total Diversion in September 2002, the ED held 250 patients awaiting inpatient beds.

Trauma Override was recorded for 11 episodes, a total of 56.2 hours or a 7.8% rate for September 2003. This is a 4.2% increase in Trauma Override since August 2003. While on Trauma Override the ED held 43 patients in September 2003. While on Trauma Override in September 2002, the ED held 37 patients awaiting inpatient beds.



October 20, 2003

HIV Early Intervention Grant Awarded to Tom Waddell Health Center

The Tom Waddell Health Center/Homeless Programs (TWHC/HP) has partnered with the Tenderloin AIDS Resource Center (TARC) to receive a Title III grant of \$300,000 a year through 2007 for HIV Early Intervention Services Programs. The project's goal is to provide outpatient early intervention services with respect to HIV disease by expanding comprehensive primary care services to predominately HIV-positive African American homeless and marginally housed residents of the Tenderloin. Services to be provided will include case management, peer advocacy, treatment adherence, nutrition, and oral health. In addition, the project will implement a continuous quality improvement plan. TWHC/HP will provide medical, nursing, health worker and eligibility staff whose goal will be to engage the target population in primary health care, expanding on the existing TLC/TARC clinic services, and provide consultation and quality review and assurance.

EVENTS, TRAININGS AND PRESENTATIONS

“Working in Recovery” Conference

The San Francisco Department of Public Health and the Practice Improvement Collaborative is presenting a day-long conference November 19th, 2003, entitled *“Working in Recovery: Ethical and Personal Challenges Facing the Treatment Workforce.”*

The conference agenda includes research and treatment experts who will share information and generate critical thinking regarding legal and ethical principles for working with substance abuse and mental health clients.

The conference is free, but *pre-registration is required*. Contact Sharon Bowen, Events, at 916-608-8686 or sb@eventswebpage.com for further information.

Systems of Care Collaboration: A National Movement to Improve Child and Family Outcomes.

On September 19, 2003, the Children, Youth and Family System of Care for Community Behavioral Health Services presented a symposium on the *“Systems of Care Collaboration: A National Movement to Improve Child and Family Outcomes.”* The Symposium featured a keynote address by Bill Bettencourt, team leader for California, Family to Family Initiative, Annie E. Casey Foundation; an interagency panel on the multiple reform initiatives to improve the lives of Children and Families; and a performance by the CSOC Youth Task Force. The Symposium was attended by 150 participants.

5th Annual Latino Behavioral Health Conference

Community Programs hosted the 5th Annual Latino Behavioral Health Conference on October 24, 2003. This year's conference was entitled *“Healing our Community—Building Bridges”*, and featured panel discussions on spirituality, mentorship, the judicial system, and high-risk youth resiliency.

Tobacco Free Project Presentations

The San Francisco Tobacco Free Project staff were invited to present at the Second Annual National Latino Council on Alcohol and Tobacco Prevention (LCAT) Conference on *“Reviving Social Justice in Tobacco Control”* in Washington D.C on September 24. Their presentations focused on the Community Action Model and were presented in the track on public policy and advocacy strategies.

In addition, the Tobacco Free Project's abstract on *“The Community Action Model: A Community Driven Model to Address Disparities in Health”* was accepted for the CDC forum on Social

Determinants of Health Disparities: Learning from Doing in Atlanta on Oct. 28-29. Only nine applicants out of 75 were selected to participate in this forum to highlight activities and interventions that address and reduce health disparities. Mele Lau Smith, Susana Hennessey Lavery and Alma Avila will be presenting.

QUALITY ASSURANCE

Bayview Hunters Point Foundation Update

The Bayview Hunters Point Foundation Substance Abuse Service was accredited for three years by the Commission for the Accreditation of Rehabilitation Facilities (CARF). The CARF accreditation review was conducted on July 15-16, 2003 and covered a range of areas including: organizational leadership and responsibility; organizational management; quality improvement; general program standards; and opioid treatment program standards. CARF reviewers documented exemplary conformance to the standards in the area of organizational linkages with the criminal justice system and services provided to the incarcerated, noting that these areas were outstanding. Reviewers also documented that the post-discharge follow-up services set guidelines for best practices.

Commissioners' Comments

- Commissioner Chow asked if a site has been identified for the new Direct Access to Housing project. Ms. Antonetty replied that Housing and Urban Health is currently in negotiation with a property owner. Commissioner Chow noted the downward trend in diversion. Ms. O'Connell said the Department has made a focused effort to address this issue and have taken a number of steps to decrease diversion. Ms. O'Connell has heard anecdotal information that the McMillan Center is helping, and staff will be tracking data to identify what impact the center has had.

4) PRESENTATION OF THE CHARITY CARE REPORT

Colleen Johnson, Assistant Director, DPH Office of Policy and Planning, presented a summary of the FY 2002 San Francisco Hospital Charity Care Report. This report is required by the Charity Care Ordinance, which was passed by the Board of Supervisors and signed by the Mayor in 2001.

Hospitals subject to the ordinance are CPMC, Chinese Hospital, St. Francis Memorial Hospital, St. Luke's Hospital and St. Mary's Medical Center. Though the SFGH is exempt from reporting, it has voluntarily complied with the ordinance for both years that reporting has been required. In addition, Kaiser voluntarily complied with the ordinance for this reporting cycle, and UCSF has indicated that it intends to comply with the ordinance for FY 2003. (Public hospitals and HMOs regulated by the State Department of Managed Care are exempt from reporting under the ordinance.)

Overall, 85,606 San Francisco residents and visitors received 97,840 charity care services at a cost of \$68.2 million in fiscal year 2002. The information provided by the seven reporting hospitals confirms that two hospitals—St. Luke's and SFGH—provide the vast majority of charity care in San Francisco. Together these hospitals provide more than 90 percent of San Francisco's charity care. Though charity care services are provided to residents throughout the City, the largest proportions of charity care services continue to be provided for patients who reside in the Tenderloin, the Mission, Bayview/Hunters' Point and Potrero Hill neighborhoods. The types and amounts of charity care varied greatly. Half of the reporting hospitals provided charity care in an amount that exceeded the estimated income and property tax exemptions they receive as non-profit corporations. This is the second year that hospitals have been required to report this information. There have been improvements in data collection by some hospitals, which has led to more accurate charity care data.

Additional improvements are scheduled for FY 2003. These improvements will allow the Department and the Health Commission to have the most accurate data on charity care provided at the local level and will begin to reveal trends in the provision of charity care in the City.

Public Comment

- Leslie Bennett, Consumers Union – The information provided in the charity care report is helpful to entities besides the Health Commission. For example, OSHPD is considering changes to the State charity care regulations and can use San Francisco's data in its deliberations. She made three observations: how can DPH help hospitals report more accurately; should Chinese Hospital's care be considered charity care; and would improved regulations, or sanctions for hospitals that do not completely comply, be helpful.

Commissioners' Comments

- Commissioner Chow is pleased with the voluntary reporting by SFGH and Kaiser, and UCSF next year. This helps the Commission understand the entire breadth of charity care. He added that including Chinese Hospital's data gives the Commission a more complete picture, even if Chinese is legally required to provide charity care.
- Commissioner Guy recommended that the Health Commission encourage all hospitals to develop an appeals process for denied charity care applications.
- Commissioner Chow said the law requires a log of denied applications, so denials should have been more accurately tracked and reported. He said it is unsatisfactory that hospitals have not complied with the requirement to post notices in Chinese and Spanish. He asked that hospitals not in compliance be notified in writing that the Commission wants proof of compliance by the November 18th Health Commission meeting, or send a representative to the meeting and explain why they have not complied.
- Commissioner Guy said the ordinance as written is not a tool for public accountability. The Health Commission wants to move in this direction. She asked how the Department and Commission could move the dialogue to a new level. Ms. Johnson said the Health Commission could change regulations without changing the ordinance. She will draft a resolution that asks hospitals for an appeals process, to track denials by zip code, and other possible suggestions. She will also send a press release to the media to try to get their attention on this important issue. Ms. O'Connell raised the issue of a common problem she is confronted with. Other hospitals will call her and tell her that they have "one of your patients." This is inappropriate, given the hospitals' non-profit status and requirement to provide charity care.

5) HEALTH CARE ACCOUNTABILITY ORDINANCE UPDATE

Frances Culp, Health Program Planner, DPH Office of Policy and Planning, presented an update on the Health Care Accountability Ordinance (HCAO). This ordinance mandates the employers doing business with the City provide health care coverage for their employees. The purpose of this report is twofold: to provide the Health Commission with an annual update; and to review and amend the minimum standards that were decided upon by the Health Commission and became effective two years ago.

The reason the Department is recommending amendments to the minimum standards is that the current standards are not in line with available small business health plan options. Staff had believed that AB 2178 was a partial solution, but the PacAdvantage products do not meet the minimum standards. The key issue is the co-payments. If the co-payments were increased to the recommended levels, employers would be able to purchase:

- > 2 of 3 PacAdvantage plans
- > 3 of 4 Kaiser plans
- > 1 of 3 Blue Shield plans

Staff is also recommending an increase—from \$1.50 per hour to \$2.00 per hour—to the hourly payment and employers can pay to DPH in lieu of providing health insurance. Without this increase, in 2004 it will be cheaper for employers to pay the fee than it is to pay monthly insurance premiums.

The recommendations are made with the goal that all those covered by HCAO will be able to secure an insurance package that meets minimum standards, thereby insuring a larger number of San Franciscans. Staff will present two resolutions to the Health Commission for its consideration on November 18th.

Commissioners' Comments

- Commissioner Guy said she finds the recommended changes worthy and compelling, as they will result in a workable product that small businesses can access. She noted the extraordinary cost of insurance. Local government does not have the power to drive the insurance market. It is unfortunate that a solution is to increase the co-payments. However, the other alternative is that employees continue to be uninsured.
- Commissioner Chow said the minimum standards must be changed to reflect reality because the goal is to have more people insured. With regard to the fee increase, the Commission should recommend this to the Board of Supervisors because the goal is to get employers to provide insurance, not pay into a pot that goes to SFGH.

6) EMERGING ISSUES

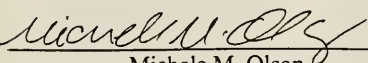
None.

7) PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 5:15 p.m.



Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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≡ **AGENDA**

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≡ **JOINT CONFERENCE COMMITTEE
FOR**

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COMMUNITY HEALTH NETWORK (CHN) MEETING

11-21-03A08:56 RCDV

Tuesday, November 25, 2003

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE MEETING OF
OCTOBER 28, 2003**

**Minutes of October 28, 2003*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**

(Barbara Garcia, Deputy Director, Community Health Network,
Community Programs)

(Activities and Operations of Community Health Network)

**Report*

- 4) FOR DISCUSSION: PRESENTATION OF THE PREVENTION STRATEGIC PLAN
(Ginger Smyly, Deputy Director, Community Health Promotion and Prevention)
**Plan*
- 5) EMERGING ISSUES
- 6) PUBLIC COMMENTS**
- 7) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

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MINUTES

**JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING**

Tuesday, November 25, 2003

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:00 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

2) APPROVAL OF MINUTES FOR THE MEETING OF OCTOBER 28, 2003

Action Taken: The Committee approved the minutes of the October 28, 2003
Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the Secretary's Report.

STAFF UPDATES

Mildred Crear Honored for 40 Years of Service

Mildred Crear, Maternal Child Adolescent Health Director, was recently honored by DPH for her 40 years of service. Mildred began her career at the Health department as a public health nurse, a supervising nurse, and Deputy Director for Children's Health Services. She was promoted to her current role 10 years ago and now oversees a staff of 150 and directly supervises five managers.

Ms. Crear has recently been appointed to serve a two-year term as Vice President to the statewide Maternal Child Adolescent Health (MCAH) Directors, she will have a pivotal role working with the local legislators to create a straightforward and effective child health plan for California's children.

Public Health Nurses Nominated for DHS Award

Congratulations to Leah Thiebaut and Lannie Heaney, DPH Foster Care Public Health Nurses for being recognized by Department of Human Services (DHS) as "DHS Star Performers". This award is usually intended for DHS employees; however, these individuals from DPH Foster Care were nominated for their role as vital partners in the smooth and efficient delivery of health care services for children in foster care. The award was presented at a private reception at Herbst Theater November 18.

Philip Ziring, MD Honored by Statewide Task Force on Oral Health for People with Special Needs

Dr. Philip Ziring, Medical Consultant for Department of Public Health, Maternal and Child Health Division, was honored by the University of the Pacific, School of Dentistry, the Department of Developmental Services, and The California Endowment on October 9. Dr. Ziring was honored for his participation in an innovative community-based system of oral health care benefiting children and adults with special health care needs served through eight Regional Centers in 35 communities throughout the State of California.

PROGRAM UPDATES

Tobacco Free Project Updates

The San Francisco Tobacco Free Project's abstract on "The Community Action Model: A Community Driven Model to Address Disparities in Health" was accepted for the CDC forum on Social Determinants of Health Disparities: Learning from Doing in Atlanta on Oct. 28-29. Only nine applicants out of 75 were selected to participate in a forum to highlight activities and interventions that address and reduce health disparities. Mele Lau Smith, Susana Hennessey Lavery and Alma Avila will be presenting at the forum in Atlanta.

Additionally, Tobacco Free Project staff were invited to present at The Second Annual National Latino Council on Alcohol and Tobacco Prevention (LCAT) Conference on "Reviving Social Justice in Tobacco Control" in Washington, DC on Sept 24. Their presentations focused on the Community Action Model and were presented in the track on public policy and advocacy strategies.

CYF Uniform Wraparound Services Intake

In October the Children System of Care Program and the Family Mosaic Project unveiled a uniform wraparound services intake and referral process that streamlines the referral process. This streamlining enables community agencies and departments to access wraparound services in the CYF section through a single process. Child welfare workers, mental health providers, substance abuse treatment providers, probation officers and teachers will gain quicker access to wraparound support services for children and youth with serious emotional disturbances who are under their care.

DPH Pedestrian and Traffic Safety Program Wins AAA Award

Congratulations to the DPH Pedestrian and Traffic Safety program for winning the AAA Community Traffic Safety Program Silver Award, recognizing their "efforts and success in improving local traffic safety." The award was presented at the November Meeting of the Pedestrian Safety Advisory Committee of the Board of Supervisors on Monday November 24th at City Hall.

San Francisco General Hospital Diversion Report

The Emergency Department (ED) recorded 34 episodes of diversion for 101 hours representing a rate of 13.6% in October 2003. This is a 1.7% decrease in diversion since September 2003. The 34 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	34	101	13.6	1.7%
Trauma Override	6	31.7	4.3	3.5%

The ED was impacted by capacity and high patient acuity during the 34 episodes of Total Diversion and Trauma Override. During this time, 178 patients were pending admission to inpatient beds (ICU-17, 4B/StepDown-66, MedSurg-95). In October 2002, the ED was on Total Diversion 19% of the month. Trauma Override was invoked 0.8% of the month in October 2002.

Total Diversion was recorded for 34 episodes, a total of 101 hours or a 13.6% rate for October 2003, and a 1.7% decrease in Total Diversion since September 2003. While on Total Diversion the ED held 178 patients in October 2003. While on Total Diversion in October 2002, the ED held 197 patients awaiting inpatient beds.

Trauma Override was recorded for six episodes, a total of 31.7 hours or a 4.3% rate for October 2003. This is a 3.5% decrease in Trauma Override since September 2003. While on Trauma Override the ED held 42 patients in October 2003. While on Trauma Override in October 2002, the ED held seven patients awaiting inpatient beds.

EVENTS, TRAININGS AND PRESENTATIONS

National Juvenile Defenders Conference

Members from the CBHS/ CYF Youth Task Force were invited to present at the National Juvenile Defenders Conference in Baltimore, Maryland in October 2003. The Task Force is a group of young people under the age of 18, who have been consumers in one of the child-serving systems (Behavioral Health, Juvenile Justice, Child Welfare, Special Education). They meet regularly and provide ongoing feedback to the various systems with regard to their experience as well as ways of improving services to young people. The Task Force is managed through a contract with Legal Service for Children, and is part of the Children System of Care Initiative. Task Force members received a standing ovation from the conference participants for their presentation.

CHN OUTPATIENT PRESCRIPTION BENEFIT PROGRAM

Background: On July 1, 2003, the outpatient prescription benefit program for indigent patients of CHN primary care clinics was modified. The change requires patients who wish to continue receiving prescription services at no out-of-pocket costs to go either to a single community pharmacy contracted to the primary care clinic from which they receive care, or the San Francisco General Hospital Outpatient Pharmacy. The community pharmacies that responded to a request for proposals

(RFP) issued by the Department, and subsequently were contracted to individual CHN primary care clinics, are Rite Aid, a national chain pharmacy; and AG Pharmacy, an independently owned pharmacy. Although less convenient for patients than the previous model that gave patients the choice of any pharmacy in San Francisco for their no cost prescription services, the new model allows the Department to take advantage of CHN's ability to access the Federal 340B discount drug-pricing program. CHN is the first health-network in California to use this Federal 340B model, and the first in the country to involve a national pharmacy chain as part of its pharmacy network. Participation in the Federal 340B program through this new model is projected to save the Department over \$1 million annually in prescription drug costs.

Status report: Prescription volume and prescription filling wait times at San Francisco General Hospital Outpatient Pharmacy have risen since July 1:

	Prior to July 1, 2003	Week of October 20, 2003
Average prescriptions per day	600	900
Average wait time	Less than 1 hour	3 hours

Prescription volume at the contracted Rite Aid pharmacies and AG Pharmacy is also reportedly higher by 50 to 200 prescriptions per day when compared to the period immediately preceding July 1, 2003. Wait times at both Rite Aid and AG Pharmacy are reportedly within the community standard (20 to 40 minutes.) These reports have not been verified by the CHN.

Anecdotal information and documented patient complaints indicate low patient satisfaction with the new model. The new model is more complex than the previous model, and requires patients to be accurately registered to a given clinic for the patient to be eligible for services at the clinic's contracted pharmacy. Many complaints were received in July, immediately following the change, and were related to patient eligibility and registration issues. Eligibility and registration issues continue to be resolved as they occur, and the appropriate pharmacy manager (at San Francisco General Hospital, Rite Aid, or AG Pharmacy) is informed of issues and patient complaints related to their services.

Next Steps

- A request for letters of interest from other community-based pharmacies and chain stores will be issued in December to assess whether other San Francisco pharmacies are interested in participating in CHN's outpatient prescription benefit program. If positive responses are received, CHN primary care clinics will be given the choice to remain with their current pharmacy provider, or change to a new one. Negotiations for new contracts and agreements will be required if a change in pharmacy provider is made.
- A patient satisfaction survey will be conducted in early 2004 to assess patient attitude and satisfaction with outpatient prescription services. For comparison, a patient satisfaction survey conducted in May 2003 (prior to the implementation of the new model) will be used.
- Prescription volume and wait times at San Francisco General Hospital, patient complaints, and drug costs/savings with the new model will continue to be monitored.

Commissioners' Comments

- Commissioner Chow said it would be interesting to hear the presentation the CBHS/CYF Youth Task Force gave to the National Juvenile Defenders Conference. Dr. Cabaj said the task force is an effort to get youth more involved in the DPH system. Ten to twelve adolescents are involved,

and were pulled together to give the Department advice about how to meet the needs of adolescents. Their presentations to the management team and System of Care Council were so good that they were asked to present to the national conference. Commissioner Chow and Commissioner Guy asked that the task force give their presentation to the Population Health and Prevention Joint Conference Committee.

- Commissioner Sanchez suggested that this group get involved with the Peer Mentorship Program.
- Commissioner Chow asked what the plan is to overcome the challenges facing the Outpatient Benefit Program. Ms. Garcia said that the program is on the right track, but needs to complete the contracting process in order to add pharmacies and improve client satisfaction. Commissioner Chow suggested that each primary care clinic identify which pharmacy would best serve the clinic.

Ms. Garcia discussed an emerging issue. There have been several shootings over the past several weeks. Ms. Garcia and her staff want to apply the same concept of response for disasters to the violence: preparedness, response and after-care/recovery. Parents and youth in the community should not feel alone. The entire DPH team was supportive and happy to know that they could access other resources when they respond to community crises. Ms. Garcia will bring the protocols for this back to the joint conference committee when they are completed.

- Commissioner Guy said there has been an escalation in violence and DPH must be prepared to respond just as it did when there were a number of SRO fires.

4) PRESENTATION OF THE PREVENTION STRATEGIC PLAN

Ginger Smyly, Deputy Director, Community Health Promotion and Prevention, presented the Prevention Strategic Plan (Attachment A).

5) EMERGING ISSUES

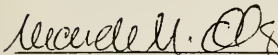
Ms. Garcia presented an emerging issue as part of the Secretary's Report (noted above).

6) PUBLIC COMMENTS

None.

7) ADJOURNMENT

The meeting was adjourned at 5:00 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

Attachment (1)

Prevention Strategic Plan 2004 – 2008

(November 25, 2003)

Prevention Planning Team
San Francisco Department of Public Health



1

Prevention Strategic Plan Background

SFDPH Strategic Plan Goal 2:

Disease and injury are prevented.

The prevention of disease and injury is a primary responsibility of DPH. Disease and injury prevention activities are undertaken by both CHN and PHP.

- Strategy 2.1 Develop a multi-year Prevention Plan
- Strategy 2.2 Strengthen primary prevention activities of the Department
- Strategy 2.3 Address social and economic determinants of health

*Shaded text is taken from the DPH Strategic Plan

2

Prevention Strategic Plan Participants

- Prevention Steering Committee (Garcia)
 - Developed a Prevention Framework
- Prevention Planning Committee (Smyly)
 - Guided the Prevention Strategic Plan development process
- Prevention Workgroup (Smyly)
 - Identified top social determinants and health outcomes as focus

3

Planning Process

(Dec 2002 – April 2003)

- Formed Department-wide Prevention Workgroup, which
- Reviewed the leading health problems and their determinants in San Francisco
- Identified causal links between leading health outcomes and their social and behavioral determinants
- Decided that interventions aimed at social determinants of health would have the greatest impact on health outcomes, and that top health outcomes should receive emphasis

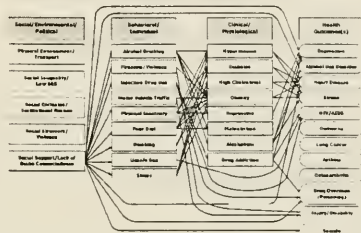
4

Guiding Principles

- Population based
- Evidence based
- Address root causes and inequities
- Build on existing efforts, multiple levels of intervention
- Promote public partnerships
- Evaluate

5

Prevention Causal Web: *Social Support*



6

Prevention Plan Priority Issues

The DPH Prevention Workgroup recommends the following Priority Prevention Issues

Social Determinants

- ✓ Socio-economic Status
- ✓ Social Connectedness or Isolation
- ✓ Institutional Racism, and
- ✓ Transport System

Health Outcomes

- ✓ Cardiovascular Disease
- ✓ Depression

7

DPH Prevention Strategic Plan

Please note that this plan is intended to enhance the existing prevention priorities of each section/program.

8

DPH Prevention Strategic Plan

Goal 2: Disease and injury are prevented

Overarching Goals:

- Prevent premature death, disability, disease and injury due to preventable causes.
- Reduce and/or eliminate health disparities among segments of the San Francisco population.

9

Prevention Strategic Plan

Strategy 2.1: Develop a multi-year prevention plan

1

Identify priority health issues

- Socio-Economic Status
- Social Connectedness or Isolation
- Institutional Racism; and
- Transport System

Health Outcomes:

- Cardiovascular Disease
- Depression

11

Future investment strategy

- Establish Prevention Planning Committee
- Move funding to effective, evidence based prevention efforts
- Coordinate fund/grant development for strategic plan health priorities

12

Ensure prevention as core component

- Recommend some portion of new programs be prevention oriented
- Create ongoing discussion, training about prevention within and among DPH sections
- Review new programs in planning stage for prevention relevance and cite best practices

13

Prevention Strategic Plan

Strategy 2.2: Strengthen primary prevention.

14

Strengthen prevention in health care services

- Interventions should be evidence based, consistent with expert guidelines
- To the extent possible, interventions linked to social determinants
- Promote ongoing discussion between and among health care delivery and public health sections on prevention and selected priority issues

15

Evaluate existing prevention programs

- Establish an evaluation work group to identify evaluation methods and provide technical assistance to sections
- Sections evaluate existing programs for effectiveness – did this intervention improve health outcomes or social and physical factors?

16

Prevention Strategic Plan

Strategy 2.3: Address socioeconomic determinants

17

Prevention Strategic Plan

Strategy 2.3: Address socioeconomic determinants

Objective:

2.3(a) Advocate for public policies that improve health status, such as:

livable wages, full employment, adequate supply of quality child care, improved quality and quantity of housing, ensuring the social safety net, improved public transportation, increased public participation in political and social organizations, improved availability of respite services, and equal and fair education policies.

18

Implementation

(Sections' Tasks)

- Sections identify relevant objectives and or health priorities to enhance or create programs and services
- Sections review evidence, best practices
- Section implement program evaluations
- Sections establish prevention plans specific to priority issues and section mission

19

Implementation

(Ginger Smyly's Tasks)

- Establish ongoing DPH-wide Prevention Planning Committee
- Provide training and discussion about prevention
- Continue to broaden evidence base of determinants and interventions
- Coordinate prevention fund development

20

Implementation

(Prevention Planning Committee's Tasks)

- Establish and staff Evaluation Work Group
- Provide technical assistance to Sections
- Collect and report on progress of implementation plan

21

Prevention Plan Timeline

Tasks	Timeline
Establish a Prevention Planning Committee	Jan 2004
Provide technical assistance to sections	Jan - Dec 2004
Implement Plan	Jan 2004 - Dec 2008
Identify Evaluation Methodologies	Jan 2004 - Dec 2008
Provide training and resources	On-going from Feb 2004
Report on Progress	On-going
Establish a fund development strategy	On-going

Examples of Prevention Programs

- Living Wage
- CHIPPS
- Health, Equity and Sustainability
- Tobacco Free Project
- Pedestrian and Traffic Safety
- Chronic Care Management – community-based activities

22

Challenges and Opportunities

- Poor financial climate for reassigning old dollars
- "Will" and orientation of management and field staff
- Public health workers lack prevention background
- No revenues in prevention such as Medi-Cal fee for service
- Poor financial climate for new dollars
- Lack of general fund to leverage new grants

24

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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Web Site: <http://www.dph.sf.ca.us>

AGENDA

DOCUMENTS DEPT.

DEC 19 2003

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, December 23, 2003
3:00 p.m. – 5:00 p.m.

12-19-03 A03:03 P030

at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES FOR THE MEETING OF
NOVEMBER 25, 2003
**Minutes of November 25, 2003*

3) FOR DISCUSSION: CHN SECRETARY'S REPORT
(Barbara Garcia, Deputy Director, Community Health Network,
Community Programs)
(Activities and Operations of Community Health Network)
**Report*

4) FOR DISCUSSION: JAIL HEALTH SERVICES UPDATE
(Joe Goldenson, M.D., Director, Jail Health Services)
**Update*

- 5) FOR DISCUSSION: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA) UPDATE
(Dennis Scott, Chief Compliance Officer)
*Update
- 6) FOR DISCUSSION: SOARIAN IMPELNTATION UPDATE
(Fred McGregor, Senior IS Manager)
*Update
- 7) EMERGING ISSUES
- 8) PUBLIC COMMENTS**
- 9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno, #9X San Bruno Express, #19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code §2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Edward A. Chow, M.D.
President

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

DOCUMENTS DEPT.

Tuesday, December 23, 2003

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

JAN 26 2004

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Edwin Batongbacal, Sai-Ling Chan-Sew, Mildred Crear, Barbara Garcia,
Joe Goldenson, M.D., Fred McGregor, Frank Patt, Jo Robinson, Dennis Scott

2) APPROVAL OF MINUTES FOR THE MEETING OF NOVEMBER 25, 2003

Action Taken: The Committee approved the minutes of the November 25, 2003
Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the Secretary's Report.

PROGRAM UPDATES

Community Programs Retreat

The Community Programs Division held its first all section retreat on December 3, 2003. A total of 99 section managers, program directors/coordinators, contractors, providers, and administrative and fiscal staff attended. Attendees represented Housing and Urban Health, Primary Care, Community Behavioral Health Services, Maternal and Child Health, Women's Health, Adolescent Health, Community Health Promotion and Prevention, AIDS Office, STD Prevention and Control, TB Control, San Francisco General Hospital, Laguna Honda Hospital, and Health at Home among others. Participants were given overviews of the health of San Franciscans and the DPH budget process. They were then engaged in identifying principles to guide budget decisions and brainstorming potentials for improving effectiveness, reducing redundancy, cutting costs, and increasing revenues. The retreat was very well received with 97% of those completing an evaluation indicating that they wanted to make the retreat an annual event.

Westside Methadone Maintenance/Maxine Hall Health Center Open House

Westside Methadone Maintenance and Detoxification Center and Maxine Hall Health Center held an Open House on December 10, 2003 to celebrate the expansion and renovation of their facilities. This innovative collaboration between primary care and substance abuse service providers will facilitate service delivery to patients by making the services available out of a single locale. Westside methadone clinic has added two counseling rooms and a dispensing window increasing service delivery to an additional 90-95 individuals. Westside methadone clinic received accreditation from the Joint Commission on Accreditation of Healthcare Organizations.

San Francisco General Hospital Diversion Report

The Emergency Department (ED) recorded 42 episodes of diversion for 137 hours representing a rate of 19% in November 2003. This is a 5.4% increase in diversion since October 2003.

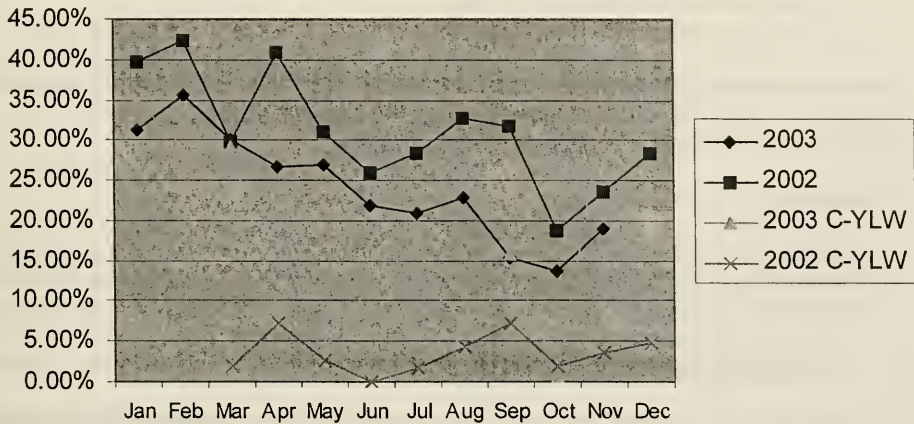
The 42 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous month
Total Diversion	42	137	19	5.4%
Trauma Override	6	22.5	3	1.3%

The ED was impacted by capacity and high patient acuity during the 42 episodes of Total Diversion and Trauma Override. During this time, 321 patients were pending admission to inpatient beds (ICU-16, 4B/StepDown-98, MedSurg-207). In November 2002, the ED was on Total Diversion 23.5% of the month. Trauma Override was invoked 1.8% of the month in November 2002. Total Diversion was recorded for 42 episodes, a total of 137 hours or a 19% rate for November 2003, and a 5.4% increase in Total Diversion since October 2003. While on Total Diversion the ED held 321 patients in November 2003. While on Total Diversion in November 2002 the ED held 200 patients awaiting inpatient beds.

Trauma Override was recorded for six episodes, a total of 22.5 hours or a 3% rate for November 2003. This is a 1.3% decrease in Trauma Override since October 2003. While on Trauma Override the ED held 38 patients in November 2003. While on Trauma Override in November 2002, the ED held 14 patients awaiting inpatient beds.

2002-2003 Diversion Rate & Condition Yellow



Progress Foundation Breaks Ground on La Playa Apartments

Progress Foundation broke ground on their La Playa Apartments Project, located at La Playa and Fulton Streets, on Dec 10, 2003. The new housing complex will have 13 two- bedroom units and provide permanent supportive housing for families in which one adult has a mental illness. Case management and linkage services will be offered on sight. It is expected to open in September 2004. Applications for very low-income families will be available in the summer of 2004. For more information contact Mary Ellen Carroll at 861-0828.

EVENTS, TRAININGS AND PRESENTATIONS

Promoting Health and Preventing Chronic Disease Through Physical Activity

On Friday December 12, the SF DPH Nutrition Services staff (SF WIC Program, Feeling Good Project, CARE Nutrition and the outpatient Nutrition Services staff) participated in a dynamic, interactive, activity filled training (Fit WIC) where they learned skills and games designed to show the families they serve how physical activity can be fun, inexpensive and available to all using household objects and a little ingenuity. Everyone left committed to promoting physical activity as a way to promote health and prevent chronic disease in their daily work with clients.

American Public Health Association Conference

The American Public Health Association (APHA) came to San Francisco on November 15 - 19, 2003. Over 13,500 public health professionals from across the nation and the world attended the APHA's 131st Annual Meeting and Exposition with its theme of "*Behavior, Lifestyle and Social Determinants of Health.*"

The Community Health Education Section and the Department hosted four conference booths to:

- Promote the Department of Public Health as a progressive, innovative department
- Promote the Community Health Education Section
- Support professional growth of DPH staff
- Network with colleagues, funders, and researchers

Department staff also participated in the presentation of over 18 poster and scientific sessions at the conference. A partial list of these presentations can be found at:

<http://www.dph.sf.ca.us/CHPP/APHA2003Pres1024.pdf>

Commissioners' Comments

- Commissioner Guy said the retreat was an important leadership initiative. In bad economic times there must be open lines of communication. This effort sets a baseline to keep information from getting distorted.

4) JAIL HEALTH SERVICES UPDATE

Joe Goldenson, M.D., Director, Jail Health Services and Jo Robinson, Assistant Director, presented an update on Jail Health Services (Attachment A). The presentation focused primarily on the Mentally Ill Offender Crime Reduction Grants.

Commissioners' Comments

- Commissioner Guy asked what will happen when the grants end. Ms. Robinson replied that the citywide program is now included in the base budget. Ms. Garcia added that the Department generally does not backfill grants, but in this case the program is so effective they are now including it in the budget. Dr. Goldenson stated that every year, the budgetary goal of Jail Health Services is to maintain current funding and current staffing. There is no expectation of expansions. Staff has been able to accomplish more and more each year with the same staffing level.
- Commissioner Chow said the data is compelling and clearly demonstrates cost savings. Since the project is successful, it should be institutionalized. Commissioner Chow requested that the CHN JCC hold semi-annual closed sessions to discuss quality management and peer review for Jail Health Services.
- Commissioner Guy asked what services are available to inmates with Hepatitis C, and how these individuals are identified. Dr. Goldenson said that if an inmate shows signs of disease progression, they would be treated in the jail. However, because people are not in jail for long periods, there generally is not significant disease progression. Jail Health Services has grants for Hep C identification, and Hep A and Hep B vaccination.

5) HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) UPDATE

Dennis Scott, Chief Compliance Officer, updated the committee on HIPAA compliance (Attachment B).

Commissioners' Comments

- Commissioner Chow requested that another update be given to the CHN JCC in six months.
- Commissioner Guy asked the timeline for Behavioral Health compliance. Mr. Scot said that the systems vendors are committed to having the modifications installed in the first two weeks of January. He noted that these were very difficult modifications. There should be full compliance by late January or early February.

6) SOARIAN IMPLEMENTATION UPDATE

Fred McGregor, Senior IS Manager, gave an update on Soarian implementation (Attachment C).

Ms. Garcia reminded the committee that Behavioral Health is not included in the current contract and budget. However, there has been a discovery process for Behavioral Health. Denver Health, which has a similar system, evaluated DPH's RFP and said that everything was doable and compatible with Soarian. They did not give a price, and also did not want to do methadone.

Commissioners' Comments

- Commissioner Chow asked for another report to the CHN JCC in six months, unless there is a huge challenge that Mr. McGregor or Mr. Counter want to bring to the Commission's attention.

7) EMERGING ISSUES

Commissioner Guy said that the Coalition on Homelessness did a survey on substance abuse among the homeless population. She asked that this be presented to the Joint Conference Committee in the next three months.

8) PUBLIC COMMENTS

None.

9) ADJOURNMENT

The meeting was adjourned at 5:20 p.m.



Michele M. Olson
Executive Secretary to the Health Commission

Attachments (3)

MENTALLY ILL OFFENDER CRIME REDUCTION GRANTS

FORENSIC SUPPORT SERVICES (MIO I)
&
CONNECTIONS (MIO II)

In 1998 The California State Sheriffs' Association & Mental Health Association co-sponsored legislation (SB 1485) that established Mentally Ill Offender Crime Reduction Grant program. This supported local demonstration grants that were to reduce crime, jail time, and criminal justice cost of the mentally ill offender population.

It required that law enforcement, criminal justice, and mental health talk to each other & plan together!

San Francisco received two MIO grants

MIO I Forensic Support Services

- \$5,000,000 – High Risk Model
- MIO's at risk for going to prison
- Jail-based psychiatric assessment, TX and pre-release planning, intensive case management, specialized probation officer, clinical consultation to courts, & education to community TX providers

MIO II Connections

- \$3,488,400 – Targeted MIO released from jail as a part of SFSD Supervised Misdemeanor Released Program or Supervised Pretrial Released Program
- Managed clients through their court cases
- Provided temporary housing, case management, community-based TX programs
- Connected clients with appropriated community resources.

State Wide Enhanced Group

Reduction in Average Number of Bookings

1 year of treatment vs.
1 year prior to treatment

53%

2 years of treatment vs.
2 years prior to treatment

26%

3 years of treatment vs.
3 years prior to treatment

72%

Reduction in Average Number of Jail Days

MIOCRG
clearly
achieved its
statewide

1 year of treatment vs.
1 year prior to treatment

40%

objective to
reduce jail
time

2 years of treatment vs.
2 years prior to treatment

25%

3 years of treatment vs.
3 years prior to treatment

72%

MIOCRG I

Forensic Support Services

Locally

- The treatment as usual group is arrested at a 37% higher rate for new charges than the enhanced treatment group.
- The treatment as usual group is arrested at a 34% higher rate for old/new charges than the enhanced treatment group.

Arrests for violent offenses

FSS	TX as usual
Before Enhanced TX	At the beginning of demonstration project
6.4%	6%
12 months post-release	12 months post-release
2.5%	8.7%

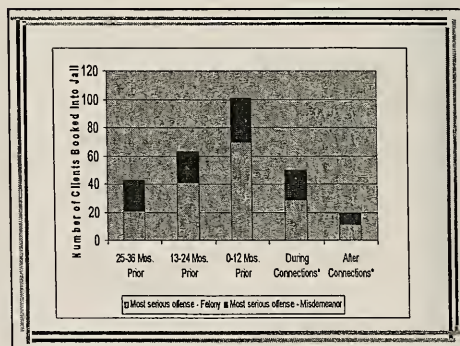
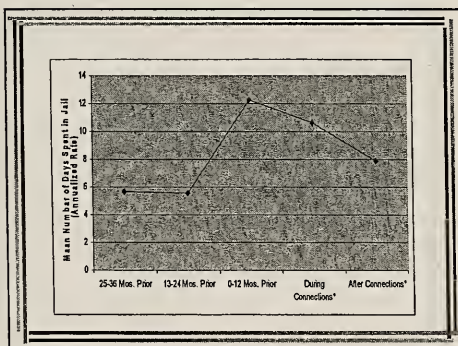
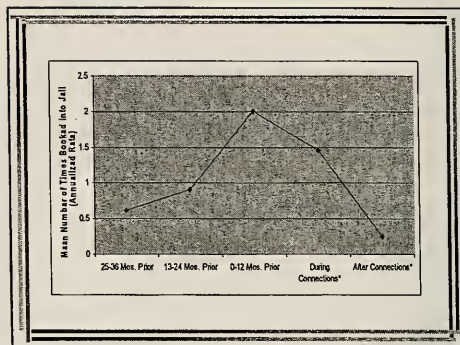
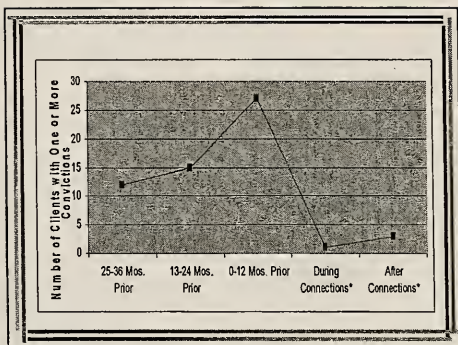
Clients in FSS

54% Psychotic
23% Bipolar
9% Depression
5% Borderline Personality Disorder
9% PTSD

CONNECTIONS MIO II

Diagnosis

- 48% psychotic
- 8 % bipolar
- 19% depression
- 7% personality disorder
- 18% other



Homelessness

- 50 % were homeless at intake
- 8.7% were homeless upon exit

Client Income

	Upon Intake	During Connections
Employed	5.1%	7.2%
GA	16.7%	26.8%
SSI	47.8%	58.7%
SSDI	4.3%	8.0%

What's come out of these efforts?

- Relationships
- Behavioral Health Court
- Began 11/02
 - Currently 75 clients
- UCSF's Forensic Case Management
 - Some early release dollars SFSD & Substance Abuse



San Francisco
Department of Public Health

HIPAA Status Report

CHN JCC

December 23, 2003

What is HIPAA?

- Health Insurance Portability and Accountability Act of 1996 (Kennedy/ Kassabaum Act)
- Primary purpose was to improve health insurance accessibility for people changing employers or leaving the workforce
- HIPAA also included "Administrative Simplification" provisions to encourage and protect the electronic transmission of health-related data

What does HIPAA do?

- Simplifies administration by establishing national transaction and code set standards
- Protects privacy of health information by establishing national health privacy and security standards

Three Important Parts of HIPAA

- **Privacy Rule** - *Mainly impacts employees that use or disclose individually identifiable health information*

Compliance Date: April 14, 2003

- **Transaction and Code Set Standards** - *Mainly impacts business office and IT staff*

Compliance Date: October 16, 2003

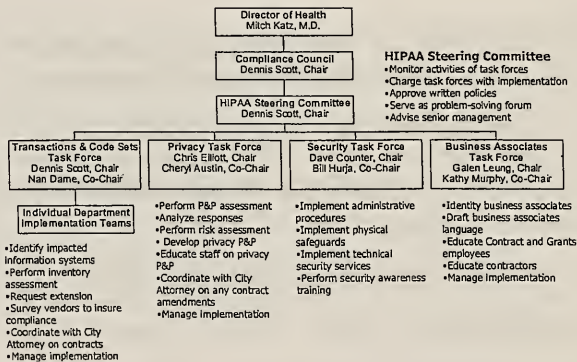
- **Security Rule** - *Mainly impacts IT staff*

Compliance Date: April 21, 2005

DPH Implementation Approach

- The DPH HIPAA Implementation effort is managed through content-specific task forces that report to the director through the DPH Compliance Council
- The progress of the implementation effort is tracked through a detailed project plan with appropriate milestones in each of the important areas of HIPAA
 - Privacy
 - Business Associates
 - Transactions and Code Sets
 - Security

Mission of HIPAA Committees



HIPAA Implementation

Project Status - Summary as of 12/23/03

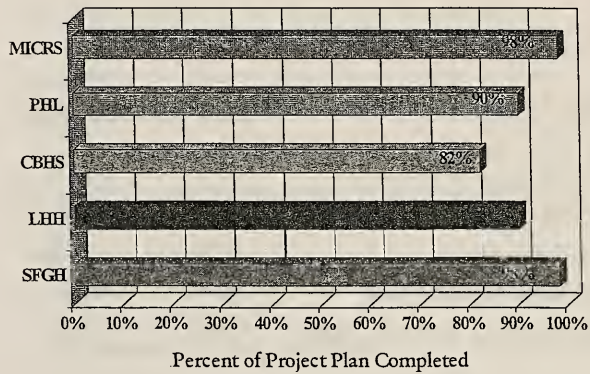
<u>HIPAA Area</u>	<u>06/30/03</u>	<u>12/23/03</u>
Other City Departments	95%	100%
Privacy	99%	99%+
Data Security	67%	70%
Business Associates	94%	100%
Transactions & Code Sets	78%	93%

HIPAA Implementation

Project Highlights

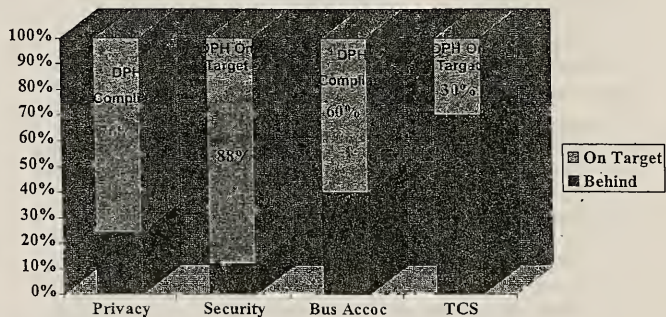
- Other City Departments - Completed
- Privacy - 99%+
 - Post implementation review
 - Protected Health Information access auditing process
 - Follow-up training
- Business Associates - Completed
- Transactions and Code Sets - 93%
 - Each DPH department is impacted differently based on supported systems
 - CMS enforcement approach allows stepped implementation
 - Intermediaries are driving our compliance effort
 - Claim format compliant for government payers
 - Transaction compliant with third party requirements
 - Behavioral Health is greatest challenge due to billing code, claim format changes, and required system upgrades
- Data Security - 70%
 - Data security policies and procedures are the major focus currently
 - Anticipate compliance by target date

TCS Status by DPH Department



HIPAA Implementation

How We're Doing Comparatively
 % of Providers On Target or Compliant with HIPAA



Survey conducted by
 Phoenix Health Systems
 and HIMSS 10/03 n = 428

HIPAA Implementation

Focus in Next Six-Months

- Transactions and Code Sets
 - Sample adjudicated claims to test payments from intermediaries
 - Complete system upgrades in CBHS
 - Implement compliant format claims and transactions for non-compliant systems when intermediaries are compliant
- Data Security
 - Complete security policies and procedures
- National Provider ID (NPI)
 - Final regulation due publication within next 90 days
 - Draft regulations required 8-digit NPI which was opposed by the industry
 - Final regulation will be analyzed
 - Detailed project plan will be developed

Thank You

Siemens Soarian Project Structure

- Project Steering Committee (policy-level decisions)
 - Executive Directors of participating Divisions
 - Sr. IT Management
 - Siemens's Management
- Project Work Groups (operational-level decisions)
 - Clinical
 - Financial
 - Pharmacy
 - Technology/Integration
- Work Group Membership
 - Co-chaired by key Program Managers
 - Sr. IT Managers
 - Comprehensive staff representation
 - Siemens Technical staff
- Periodic Reporting on Project Status to SF Health Commission

City and County of San Francisco
Soarian Implementation Phase I Milestones

Month	Soarian Clinical Activities	Soarian Financial Activities
September/ October 2003	<ul style="list-style-type: none"> Finalize Staffing Implementation Planning Project Initiation/Kickoff 	<ul style="list-style-type: none"> Finalize Staffing Implementation Planning Project Initiation/Kickoff
November 2003	<ul style="list-style-type: none"> DPI Activity across all entities of the enterprise. LCR Conversion planning/discussions begin Begin work on specification review for known interfaces needed for Soarian Clinicals Continuation of install planning including education planning Delivery of development server 	<ul style="list-style-type: none"> DPI Activity across all entities of the enterprise. Conversion planning begins Continuation of install planning including education planning
December 2003	<ul style="list-style-type: none"> Continuation of DPI Activities Continuation of Interface work Initial work on setup of development server Collect information for configuration planning; ie. data collection for orders, results, staff, room and bed, etc. Begin security education/discussion/worksessions 	<ul style="list-style-type: none"> Continuation of DPI Activities Soarian Overview Education for PALS, co-chairs and IT workgroup Begin work on specification review for known interfaces needed for Soarian Financials
January 2004	<ul style="list-style-type: none"> Completion of DPI document Configuration education for IT staff/key users Basic configuration of Development server Orders/Results education Continuation of LCR conversion planning Begin interface build for results Delivery and Configuration of Framework server Completion of DPI findings and opportunities 	<ul style="list-style-type: none"> Completion of DPI document Soarian Overview Education for key decision makers Continuation of Interface Work Completion of DPI findings and opportunities

City and County of San Francisco
Soarian Implementation Phase I Milestones

February 2004	<ul style="list-style-type: none"> • Begin enterprise design based on DPI findings for Clinical Access and Common Clinicals • Establish task forces for process improvement • JHS specific worksessions begin • Begin interface testing for results • Workflow Management and Rules Engine education 	<ul style="list-style-type: none"> • Finalize LTC functional requirements • Masterfile Education and Worksessions • Patient Access Education and Worksessions
March 2004	<ul style="list-style-type: none"> • Continue enterprise design of system • Begin JHS and enterprise-wide results builds • Delivery and set-up of Workflow and Rules servers • Task-force/process improvement checkpoint • Print control worksessions • First Test LCR conversion 	<ul style="list-style-type: none"> • Soarian Financials software delivery (RCO) and checkout • Begin enterprise design based upon DPI findings • JHS specific worksessions begin
April 2004	<ul style="list-style-type: none"> • Continue JHS build • Continue result build and interface testing • Begin testing of enterprise-wide results • Begin testing of JHS workflows • Planning for hardware replacement/rollout • Delivery and set-up of Production and servers 	<ul style="list-style-type: none"> • Continue JHS design • Begin LHH Revenue Management education and design • Planning for hardware replacement/rollout
May 2004	<ul style="list-style-type: none"> • Continue build and unit testing • Task-force/process improvement checkpoint • Verify user hardware and printing requirements • Second Test LCR conversion 	<ul style="list-style-type: none"> • Begin Patient Access build for JHS • Build Revenue Management required for Patient Access • Verify user hardware and printing requirements
June 2004	<ul style="list-style-type: none"> • Integrated testing for results and JHS pathways • Corrective action for results and JHS pathways • Task-force/process improvement checkpoint 	<ul style="list-style-type: none"> • Begin Unit Testing for JHS • Integrated testing between Soarian Financials and Soarian Clinicals (JHS)

City and County of San Francisco
Soarian Implementation Phase I Milestones

July 2004	<ul style="list-style-type: none"> Continue integrated testing End-user training Control LCR conversion Develop live plan 	<ul style="list-style-type: none"> Continue integrated testing Begin hardware upgrade if necessary Train the trainer Begin end user training Develop LIVE plan
August 2004	<ul style="list-style-type: none"> Continue end-user training Live LCR conversion JHS and Results live event 	<ul style="list-style-type: none"> Continue end user training Continue testing JHS Live Event
September 2004	<ul style="list-style-type: none"> Post-live for JHS See statement below for work on other entities 	<ul style="list-style-type: none"> Post-live for JHS

Bolded item

Indicates milestone event



Indicates Guarded Condition



Indicates At Risk Condition

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Roma P. Guy, M.S.W.
Vice President

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: <http://www.dph.sf.ca.us>

AGENDA

DOCUMENTS DEPT.

JAN 26 2004

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**JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING**

Wednesday, January 28, 2004*

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

***PLEASE NOTE CHANGE IN MEETING DATE**

Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE MEETING OF
DECEMBER 23, 2003**

**Minutes of December 23, 2003*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Gene O'Connell, JCC-CHN Co-Secretary)
(Activities and Operations of Community Health Network)
**Report*

- 4) FOR DISCUSSION: FY 2003-04 SECOND QUARTER FINANCIAL REPORT
(Valerie Inouye, Deputy Chief Financial Officer)
**Report*
- 5) FOR DISCUSSION: SFGH REBUILD UPDATE
(Gene O'Connell, SFGHMC Executive Administrator)
**Update*
- 6) EMERGING ISSUES
- 7) PUBLIC COMMENTS**
- 8) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code §2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Wednesday, January 28, 2004

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

DOCUMENTS DEPT.

FEB 23 2004

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APR-13-04PT 11:11AM

1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Sai-Ling Chan-Sew, Mildred Crear, Larry Funk, Valerie Inouye,
Gene O'Connell, Anne Okubo

2) APPROVAL OF MINUTES FOR THE MEETING OF DECEMBER 23, 2003

Action Taken: The Committee approved the minutes of the December 23, 2003
Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Gene O'Connell, JCC-CHN Co-Secretary, presented the Secretary's Report.

Ms. O'Connell described some of the efforts that have been initiated to reduce diversion at SFGH. Patients are now admitted to the floor while the room is being cleaned, instead of waiting in the Emergency Department until the room was cleaned before transporting the patient.

This gets patients out of the ED and connected with nursing care. Additionally, patients can now be directly admitted from the clinics, rather than having to go first to the ED. When the hospital goes on Code Yellow, everyone is alerted to the situation and staff makes sure all steps are being taken. When the hospital goes on Code Red, the chiefs get involved and evaluate how to triage patients.

Staff Updates

Dr. "Dan" Wlodarczyk Receives Community Service Award

St. Paul of the Shipwreck Catholic Church hosted its 19th Annual Dr. Martin Luther King Solidarity Mass on Sunday, January 18, 2004 with the theme "Be...The Dream". Two Community Service Awards were presented after the mass. The recipients were Supervisor Sophie Maxwell and Dr. Daniel Wlodarczyk, Acting Medical Director of Southeast Health Center. Recipients are chosen for work in the community that reflects the spirit of Dr. Martin Luther King.

Program Updates

Pilot Good Neighbor Partnership Launched

Youth Envision, a project of Literacy for Environmental Justice launched its' pilot Good Neighbor Partnership with Super Save on December 19 in the Bay View. As one of Tobacco Free Project's Community Capacity Building Projects, Youth Envision focused on improving access to healthy food in existing corner stores, the primary food resource in the neighborhood. They mounted a "Good Neighbor" campaign to encourage corner stores to replace tobacco, alcohol and tobacco subsidiary food products with fresh and healthier food alternatives in exchange for campaigns to promote community patronage. Youth Envision held a press conference at Super Save and is working with Supervisor Sophie Maxwell on a Good Neighbor task force to sustain the effort. The press event was covered by the San Francisco Bay Guardian, The Independent, and KPFA.

San Francisco General Hospital Diversion Report

The Emergency Department [ED] recorded 36 episodes of diversion for 142 hours representing a rate of 19% rate in December 2003. There was no change in diversion since November 2003.

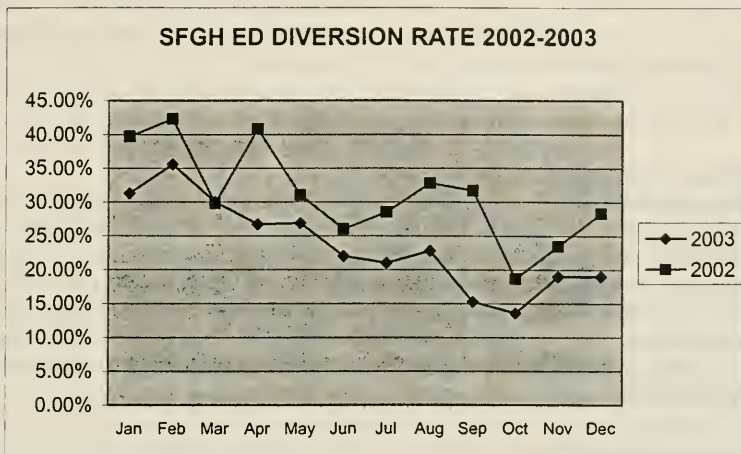
The 36 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	36	142	19%	0%
Trauma Override	13	60	8%	5%

The ED was impacted by capacity and high patient acuity during the 36 episodes of Total Diversion and Trauma Override. During this time, 258 patients were pending admission to inpatient beds (ICU-17, 4B/StepDown-100, MedSurg-141). In *December 2002*, the ED was on Total Diversion 28.3% of the month. Trauma Override was invoked 1.85% of the month in *December 2002*.

Total Diversion was recorded for 36 episodes, a total of 142 hours or a 19% rate for December 2003, and no change in Total Diversion since November 2003. While on Total Diversion, the ED held 258 patients in December 2003. While on Total Diversion in *December 2002*, the ED held 279 patients awaiting inpatient beds.

Trauma Override was recorded for 13 episodes, a total of 60 hours or an 8% rate for December 2003. This is a 5% increase in Trauma Override since November 2003. While on Trauma Override the ED held 136 patients in December 2003. While on Trauma Override in *December 2002*, the ED held 23 patients awaiting inpatient beds.



CBHS System of Care Programs Relocation

In December 2003, a group of CBHS/CYF System of Care programs moved from their respective temporary locations to a centralized facility at 755 South Van Ness Avenue. These programs are: the AB 3632 Unit, the Youth Development and Crime Prevention Project, and SOC Training and Evaluation. The Transitional Youth and Dual Diagnosis Team also relocated to this facility. The new facility will afford much opportunity for collaboration and coordination in the provision of services to children, youth and their families.

DUI Campaign Kickoff

The Pedestrian and Traffic Safety program in Community Health Education Section will hold a Campaign Kickoff Press Conference on the steps of the Hall of Justice on January 29th, jointly with SFPD and other City Agencies. DPH has received an award of \$439,455 from the California Office of Traffic Safety through the Business, Transportation and Housing Agency, to fund a 2-year education campaign to reduce driving under the influence (DUI) in San Francisco, and to address attitudes to alcohol. The project will include mini-grants to community-based agencies.

Events, Trainings and Presentations

National Delegation of Health Officials Visit SFDPH

On December 18th, a delegation of national and provincial health ministries officials visited the San Francisco Department of Public Health culminating their weeklong fact finding tour of the United States. Their primary interest was in learning about how local, state and federal government public health agencies address prevention and control of communicable diseases, in particular tuberculosis, immunization for infectious diseases and SARS. As well, they were interested in how the local public health agency interfaces with the private and public health care sectors. Janet Zola, (Immunization), Patricia Erwin and Charlene Au, (Newcomers Health Program/SARS Prevention Project), Madeline Ritchie and Lei-Chun Fung (Chinatown Public Health Center), Masae Kawamura (Tuberculosis Prevention and Control) and Diane Portnoy (Communicable Disease Control), all provided overviews of their prevention and control work

and answered the numerous questions of the delegation members. Maria Fu-Vong and Ginger Smyly of the Health Education and Health Promotion Sections arranged for and hosted the visit.

Ninth Annual Afrocentric Parenting Conference

The Black Infant Health Improvement Project will host the 9th Annual Afrocentric Parenting Conference on February 6, 2004, 9 am-3 pm at the Seven Hills Conference Center at San Francisco State University. The theme for the conference is *"Self-Healing: We Have the Power to Make Our People Whole."*

For more information contact Pamela Washington at (415) 581-2455.

Working in Recovery Conference

The San Francisco Practice Improvement Collaborative (PIC) convened the *"Working in Recovery: Ethical and Personal Challenges Facing the Treatment Workforce"* conference on November 19, 2003. The conference was inspired by substance abuse provider requests for information on implementing strategies to improve work environments for staff, specifically those in recovery. The SF-PIC received an enthusiastic response with over 700 participants attending the conference. Follow-up evaluation data indicates that human service providers were overwhelmingly satisfied with the conference format and content and are looking forward to additional best practice dissemination on these topic areas.

Commissioners' Comments

- Commissioner Chow noted for the record that the National Delegation that visited DPH in December was from China.

4) FY 2003-04 SECOND QUARTER FINANCIAL REPORT

Valerie Inouye, Deputy Chief Financial Officer, presented the FY 2003-2004 Second Quarter Financial Report (Attachment A).

Commissioners' Comments

- Commissioner Guy asked if the transfer of the public health nurses would impact Health at Home's budget. Ms. O'Connell said the funding is following the function. Additional supervisor positions may be added. Ms. Crear said staff is evaluating opportunities to increase revenues at both MCH and Health at Home, for example billing for Medi-Cal Administrative Activities (MAA). Commissioner Guy said the shift of the public health nurses is positive step, but she is concerned about budget and space impacts of Health at Home. The Health Commission needs to understand the complexities of the transfer, and she asked for a report to the CHN JCC in three months.
- Commissioner Chow said it is important that DPH finance staff are identifying structural problems and attempting to address them in this year's budget. It remains to be seen, of course, if the budget that is approved by the Board of Supervisors maintains the solutions that DPH has identified.
- Commissioner Sanchez said that DPH should take the lead on presenting to our State legislators pilot programs that encourage people to enter the nursing profession. As the workforce retires, in San Francisco and throughout the country, there are not enough people to

fill their positions. Further, California's post-secondary institutions are dissolving. Ms. Crear said the Nursing Leadership Council is actively working on recruitment and retention. She will bring the idea to create something legislatively to the council.

5) SFGH REBUILD UPDATE

Gene O'Connell, SFGHMC Executive Administrator, presented an update on the SFGH Rebuild. She presented a summary of rebuild planning assumptions, financial constraints, rebuild steering committee process and rebuild location options (Attachment B). She presented a work plan (Attachment C) and fact sheets developed as of January 26, 2004 (Attachment D). More fact sheets will be developed as this process continues.

The Steering Committee to date has approved the methodology that will be used to determine the size of the building, it voted not to move psychiatry to Mission Bay if Mission Bay is selected as the rebuild site. The Steering Committee also voted not to rebuild the SNF beds at Mission Bay.

Ms. O'Connell said that UC's timeline has been accelerated, and UC plans to present its rebuild recommendation to the Board of Regents in June 2004. This timeline is much more amenable for co-location discussions. UC has now expressed interest in co-location, with UC having a Women's and Children's and cancer facility at Mission Bay, and SFGH having an acute hospital at Mission Bay. Ms. O'Connell said UC has acknowledged that it is their responsibility to provide the research space, regardless of where SFGH is rebuilt. Ms. O'Connell said option A-2 (rebuild on the front lawn of the existing acute care hospital on Potrero) probably would not be feasible. She said that the Steering Committee is looking at an additional option—a phased rebuild with a retrofit. The architects for the Laguna Honda replacement project are evaluating this alternative.

Commissioners' Comments

- Commissioner Sanchez expressed concern that the UC research budgets are being cut. He hopes that clinical and basic research can be maintained at SFGH.

6) EMERGING ISSUES

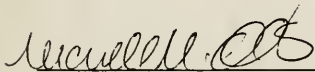
None.

7) PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 4:55 p.m.



Michele M. Olson
Executive Secretary to the Health Commission

Attachments (4)

Projected FY 2003-04 Year-End Surplus/(Deficit)

Division	REVENUES			EXPENDITURES			TOTAL Surplus/ (Deficit)
	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	
Department of Public Health							
SFGH	\$ 502,324,000	\$ 510,042,000	\$ 7,718,000	\$ 502,324,000	\$ 508,478,000	\$ (6,154,000)	\$ 1,564,000
Laguna Honda	148,096,000	149,335,000	1,239,000	148,096,000	148,780,000	(684,000)	555,000
Primary Care	45,830,000	45,830,000	-	45,830,000	46,253,000	(423,000)	(423,000)
Health at Home	4,586,000	4,586,000	-	4,586,000	4,951,000	(365,000)	(365,000)
Jail Health	22,207,000	22,207,000	-	22,207,000	24,758,000	(2,551,000)	(2,551,000)
Public Health	91,151,000	91,151,000	-	91,151,000	89,158,000	1,993,000	1,993,000
Mental Health	170,304,000	170,304,000	-	170,304,000	169,988,000	316,000	316,000
Substance Abuse	64,610,000	64,610,000	-	64,610,000	63,857,000	753,000	753,000
Total DPH	1,049,108,000	1,058,065,000	8,957,000	1,049,108,000	1,056,223,000	(7,115,000)	1,842,000

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

Attachment A

San Francisco General Hospital: Year-end projections show a surplus of \$1,564,000.

Revenues are projected to be \$7,718,000 over budget due to:

- \$4,326,000 in additional patient service revenue
- \$ 1,100,000 in additional SB1255 revenues
- \$ 7,121,000 in prior year settlements received in the first half of the year
- (\$3,482,000) in reduced Capitation/Managed Care Settlement Revenue
- (\$1,347,000) in reduced Prop 99 AB75 revenues

Expenditures are projected to be over budget by \$6,154,000 due to:

- \$5,463,000 in unfavorable variances in Personnel Services expenditures resulting from high utilization of overtime and premium pay. This is a result of several factors including:
 - ✓ continued high vacation and other non paid time off that must be backfilled with overtime and premium pay;
 - ✓ delays in filling budgeted positions due to the hiring freeze and labor shortages in areas such as nursing, radiology, and pharmacy;
 - ✓ areas where the budget does not reflect the reality of staffing needs
 - ✓ other structural issues such as unbudgeted cost of backfilling paid time off for floating holidays given to employees in exchange for other concessions.
- \$4,873,000 in higher non-personal services due to:
 - ✓ \$2,500,000 in excess costs of nurse registry, pharmacy tech registry and radiology tech registry, which represent structural budget issues that are being addressed in the 04-05 budget.
 - ✓ \$500,000 in one time expenses associated with the relocation of Accounting and Human resource offices to the CHN headquarters building.
 - ✓ Various recurring and non recurring contract expenses that are projected to exceed budget this year.
- \$1,354,000 in higher materials and supplies due to:
 - ✓ \$2,400,000 favorable variance in pharmaceutical expense offset by a
 - ✓ \$3,754,000 unfavorable variance in materials and supplies that represents structural problems related to successive budgets that have not been adjusted for inflation in the cost of medical supplies.
- \$586,000 in higher energy costs for natural gas
- \$756,000 in higher workers' compensation charges
- (\$2,042,000) in reduced workorders, the largest of which is the transfer to DHS for Healthy Workers premiums. This is offset by reduced Capitation/Managed Care payments noted above and is caused by lower than expected enrollment growth in that program.
- \$4,836,000 in reduced operating transfers out. This represents a reduced County obligation for SB855 inter-government transfers relative to expected SB855 payments. Our net expected SB855 revenues are anticipated to be \$4,836,000 greater than the amount budgeted.

Laguna Honda Hospital: Year-end projections show a surplus of \$555,000.

Revenues are projected to be \$1,239,000 greater than budget due to:

- \$1,239,000 in additional patient revenue from a Medicare cost of living raise, improvement in nursing documentation of patient acuity and decreased contractual adjustment write offs.

Expenditures are projected to be over budget by \$684,000 due to:

- \$303,000 in unfavorable variances in Personnel Services expenditures resulting from high utilization of overtime and premium. This is a result of backfilling high vacation coverage and other paid time off combined with delays in approving budgeted positions.
- \$241,000 in higher energy costs for natural gas
- \$141,000 in higher workers' compensation charges.

Primary Care: Year-end projections show a deficit of \$423,000.

Revenues are projected to be on than budget due to:

- \$66,000 in additional net patient service revenues
- (\$66,000) in reduced capitation/managed care payments

Expenditures are projected to be over budget by \$423,000 due to

- \$42,000 unfavorable variance in salaries and fringe benefits based on year-to-date actual expense.
- \$381,000 in higher workers' compensation charges.

Health at Home: Year-end projections show a deficit of \$365,000.

Revenues are projected to be on budget.

Expenditures are projected to be \$365,000 over budget due to unfavorable variances in Personnel Services expenditures. The causes of these variances are under review but are believed to be partially attributable to deletion of vacant positions in the budget that were previously held for salary savings.

Jail Health Services: Year-end projections show a shortfall of \$2,551,000.

Revenues are projected to be on budget.

Expenditures are projected to be over budget by \$2,551,000 due to:

- \$2,452,000 in unfavorable variances in Personnel Services expenditures based on annualization of year-to-date actual expense.
- \$99,000 in higher workers' compensation charges.

The Department included an augmentation to the Jail Health Services personnel budget to correct the historic underfunding in salaries and fringe benefits. However, a funding increase was not included in the current budget, and deficits in this division continue.

Therefore, the Department will be required to offset this overspending with savings in other programs, as was required in prior years.

Public Health: Year-end projections show a surplus of \$1,993,000.

Revenues are projected to be on budget.

Expenditures are projected to be \$1,993,000 under budget due to

- \$900,000 in favorable variances in Personnel Services expenditures resulting from a hiring freeze on non-essential positions due to budget concerns
- \$1,060,000 in favorable variance in Non-personal services resulting from underutilization of contracts
- \$32,000 in favorable variance in Services of Other Departments due to lower than budgeted workers' compensation charges.

Mental Health: Year-end projections show a surplus of \$316,000.

Revenues are projected to be on budget.

Expenditures are projected to be \$316,000 under budget due to

- \$133,000 in favorable variance in Non-Personal Services resulting from underutilization of contracts
- \$184,000 in favorable variances in Services of Other Departments due to lower than budgeted workers' compensation charges.

Substance Abuse: Year-end projections show a surplus of \$753,000.

Revenues are projected to be on budget.

Expenditures are projected to be under budget \$753,000 due to;

- \$400,000 in favorable variances in Personnel Services expenditures resulting from a hiring freeze on non-essential positions due to budget concerns
- \$357,000 in favorable variance in Non-Personal Services resulting from underutilization of contracts
- (\$4,000) in unfavorable variances in Services of Other Departments due to higher worker's compensation charges.

The Department plans to request a revenue supplemental for excess appropriations at SFGH.

San Francisco General Hospital
STATEMENT OF REVENUE AND EXPENSES - FYE 9/30/03
MONTH ENDING: DECEMBER 31, 2003
(In Thousands of Dollars)

YEAR-TO-DATE

Projection	Budget	Fav/(Unfav)	
		Variance	% Var.

41,770	29,460	12,310	41.8%
34,900	25,547	9,353	36.6%
26,971	31,309	(4,338)	-13.9%
(14,811)	(11,952)	(2,859)	-23.9%
88,830	74,364	14,466	19.5%

0	0	0	n/a
2,608	2,608	0	n/a
2,177	2,177	0	n/a
63,949	63,949	0	n/a
12,000	11,450	550	4.8%
650	650	0	n/a
7,064	8,805	(1,741)	-19.8%
0	0	0	n/a
0	0	0	n/a
30,557	30,557	0	n/a
670	1,344	(674)	-50.1%
0	0	0	n/a
1,346	1,346	0	n/a
5,595	5,595	0	n/a
3,435	3,435	0	n/a
7,991	7,991	0	n/a
138,042	139,907	(1,865)	-1.3%

226,872	214,271	12,601	5.9%
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91,416	87,625	(3,791)	-4.3%
18,839	18,299	(540)	-3.0%
56,263	53,826	(2,437)	-4.5%
24,267	23,590	(677)	-2.9%
1,624	1,624	0	n/a
12,242	12,592	350	2.8%
46,694	49,112	2,418	4.9%
1,111	1,111	0	n/a
2,639	2,639	0	n/a
255,095	250,418	(4,677)	-1.9%

(28,223)	(36,147)	7,924	21.9%
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37,361	37,361	0	n/a
37,361	37,361	0	n/a

9,138	1,214	7,924	652.7%
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ANNUAL

Projection	Budget	Fav/(Unfav)	
		Variance	% Var.

NET PATIENT SERVICE REVENUE:

Medi-Cal Revenue	70,911	58,599	12,312	21.0%
Medicare Revenue	60,170	50,819	9,351	18.4%
Other Patient Revenue	57,939	62,277	(4,338)	-7.0%
Provision for Bad Debt	(29,778)	(23,900)	(5,878)	-24.6%
TOTAL NET PATIENT SERVICE REVENUE	159,242	147,795	11,447	7.7%

OTHER OPERATING REVENUE:

Short Doyle (Community Health Service)	0	0	0	n/a
Short Doyle Medi-Cal	5,215	5,215	0	n/a
MAA/TCM	4,354	4,354	0	n/a
S8855	127,897	127,897	0	n/a
S81255	24,000	22,900	1,100	4.8%
GME	1,300	1,300	0	n/a
Capitation/Managed Care Settlement	14,127	17,609	(3,482)	-19.8%
State Alcohol	0	0	0	n/a
Proposition 36	0	0	0	n/a
State Realignment	61,114	61,114	0	n/a
Prop 99 AB75	1,339	2,686	(1,347)	-50.1%
Other State (CCS and State Mandated Cost	0	0	0	n/a
Fees/Cafeteria/Misc. (includes lease income	2,691	2,691	0	n/a
Workorder Recovery	11,189	11,189	0	n/a
Transfer In and Project-Related	6,869	6,869	0	n/a
Carryforward	15,983	15,983	0	n/a
TOTAL OTHER OPERATING REVENUE	276,078	279,807	(3,729)	-1.3%

TOTAL OPERATING REVENUE

OPERATING EXPENSES:

Personnel Services	181,412	176,481	(4,931)	-2.8%
Mandatory Fringe Benefits	37,385	36,853	(532)	-1.4%
Non-personal Services	112,525	107,652	(4,873)	-4.5%
Materials and Supplies	48,533	47,179	(1,354)	-2.9%
Facilities Maint. & Capital Outlay	3,249	3,249	0	n/a
Services of Other Departments (workorder	24,485	25,185	700	2.8%
Operating Transfer Out	93,389	98,225	4,836	4.9%
Intrafund Transfer	2,223	2,223	0	n/a
Projects	5,277	5,277	0	n/a
TOTAL OPERATING EXPENSES	508,478	502,324	(6,154)	-1.2%

OPERATING INCOME/(LOSS)

NON-OPERATING REVENUE:

General Fund	74,722	74,722	0	n/a
TOTAL NON-OPERATING REVENUE	74,722	74,722	0	n/a

NET INCOME/(LOSS)	1,564	0	1,564	n/a
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Laguna Honda Hospital

STATEMENT OF REVENUE AND EXPENSES FYE 9/30/2003

MONTH ENDING: DECEMBER 31, 2003

(In Thousands of Dollars)

YEAR TO DATE

Projection	Budget	Fav/(Unfav) Variance	% Var
54,037	53,051	986	1.9%
1,926	1,647	279	16.9%
3,192	3,558	(366)	-10.3%
(397)	(452)	55	12.2%
<u>58,757</u>	<u>57,803</u>	<u>954</u>	<u>1.7%</u>
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
110	163	(53)	-32.5%
35	41	(6)	-14.6%
0	0	0	n/a
501	501	0	n/a
<u>645</u>	<u>704</u>	<u>(59)</u>	<u>-8.4%</u>
<u>59,403</u>	<u>58,507</u>	<u>895</u>	<u>1.5%</u>
50,958	51,024	66	0.1%
10,218	11,637	1,419	12.2%
1,574	2,358	784	33.2%
5,513	6,144	630	10.3%
358	617	258	41.8%
3,731	3,731	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
<u>72,353</u>	<u>75,512</u>	<u>3,158</u>	<u>4.2%</u>
<u>(12,951)</u>	<u>(17,005)</u>	<u>4,054</u>	<u>23.8%</u>
15,852	15,852	0	n/a
<u>15,852</u>	<u>15,852</u>	<u>0</u>	<u>n/a</u>
<u>2,901</u>	<u>(1,153)</u>	<u>4,054</u>	

NET PATIENT SERVICE REVENUE:

Medi-Cal Revenue	105,956	105,529	427	0.4%
Medicare Revenue	4,089	3,277	812	24.8%
Other Patient Revenue	7,078	7,078	0	n/a
Provision for Bad debt	(900)	(900)	0	n/a
TOTAL NET PATIENT SERVICE REVENUE	116,223	114,984	1,239	1.1%

OTHER OPERATING REVENUE:

Short Doyle (Community Mental Health Service)	0	0	0	n/a
Short Doyle M/Cal	0	0	0	n/a
MAA/TCM	0	0	0	n/a
SB855	0	0	0	n/a
SB1255	0	0	0	n/a
GME	0	0	0	n/a
Capitation/Managed Care Settlement	0	0	0	n/a
State Alcohol	0	0	0	n/a
Proposition 36	0	0	0	n/a
State Realignment	0	0	0	n/a
Prop 99 AB75	0	0	0	n/a
Other State (CCS and State Mandated Cost)	0	0	0	n/a
Fees/Cafeteria/Misc (includes lease income)	325	325	0	n/a
Workorder Recovery	81	81	0	n/a
Transfer In and Project Related	0	0	0	n/a
Carryforward	1,002	1,002	0	n/a
TOTAL OTHER OPERATING REVENUE	1,408	1,408	0	n/a

TOTAL OPERATING REVENUE

ANNUAL

Projection	Budget	Fav/(Unfav) Variance	% Var
105,956	105,529	427	0.4%
4,089	3,277	812	24.8%
7,078	7,078	0	n/a
(900)	(900)	0	n/a
<u>116,223</u>	<u>114,984</u>	<u>1,239</u>	<u>1.1%</u>
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
325	325	0	n/a
81	81	0	n/a
0	0	0	n/a
1,002	1,002	0	n/a
<u>1,408</u>	<u>1,408</u>	<u>0</u>	<u>n/a</u>
<u>117,631</u>	<u>116,392</u>	<u>1,239</u>	<u>1.1%</u>
100,366	99,664	(703)	-0.7%
22,331	22,731	400	1.8%
4,717	4,717	0	n/a
12,288	12,288	0	n/a
1,233	1,233	0	n/a
7,845	7,463	(382)	-5.1%
0	0	0	n/a
0	0	0	n/a
0	0	0	n/a
<u>148,780</u>	<u>148,095</u>	<u>(685)</u>	<u>-0.5%</u>
<u>(31,149)</u>	<u>(31,704)</u>	<u>554</u>	<u>1.7%</u>
31,704	31,704	0	n/a
<u>31,704</u>	<u>31,704</u>	<u>0</u>	<u>n/a</u>
<u>554</u>	<u>0</u>	<u>554</u>	

OPERATING EXPENSES:

Personnel Services	100,366	99,664	(703)	-0.7%
Mandatory Fringe Benefits	22,331	22,731	400	1.8%
Non-personal Services	4,717	4,717	0	n/a
Materials and Supplies	12,288	12,288	0	n/a
Facilities Maint. & Capital Outlay	1,233	1,233	0	n/a
Services of Other Departments (workorders)	7,845	7,463	(382)	-5.1%
Operating Transfer Out	0	0	0	n/a
Intrafund Transfer	0	0	0	n/a
Projects	0	0	0	n/a
TOTAL OPERATING EXPENSES	148,780	148,095	(685)	-0.5%

OPERATING INCOME/(LOSS)

NON-OPERATING REVENUE:

General Fund	31,704	31,704	0	n/a
TOTAL NON-OPERATING REVENUE	31,704	31,704	0	n/a

NET INCOME/(LOSS)

PRIMARY CARE CLINICS

STATEMENT OF REVENUE AND EXPENSES FYE 9/30/2003

MONTH ENDING: DECEMBER 31, 2003

(In Thousand of Dollars)

YEAR-TO-DATE					ANNUAL				
Fav/(Unfav)					Fav/(Unfav)				
Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
				NET PATIENT SERVICE REVENUE:					
3,534	3,210	324	10.1%	Medi-Cal Revenue	6,758	6,417	341	5.3%	1
393	414	(21)	-5.1%	Medicare Revenue	802	825	(23)	-2.8%	2
398	629	(231)	-36.7%	Other Patient Revenue	1,026	1,256	(230)	-18.3%	3
(519)	(498)	(21)	-4.2%	Provision for Bad Debt	(1,022)	(1,000)	(22)	-2.2%	4
3,806	3,755	51	1.4%	TOTAL NET PATIENT SERVICE REVENUE	7,564	7,498	66	0.9%	5
									6
				OTHER OPERATING REVENUE:					7
0	0	-	n/a	Short Doyle (Community Health Service)	0	0	-	n/a	8
0	0	-	n/a	Short Doyle Medi-Cal	0	0	-	n/a	9
722	722	-	n/a	MAA/TCM	1,443	1,443	-	n/a	10
0	0	-	n/a	SB855	0	0	-	n/a	11
0	0	-	n/a	SB1255	0	0	-	n/a	12
0	0	-	n/a	GME	0	0	-	n/a	13
564	710	(146)	-20.6%	Capitation/Managed Care Settlement	1,354	1,420	(66)	-4.6%	14
0	0	-	n/a	State Alcohol	0	0	-	n/a	15
0	0	-	n/a	Proposition 36	0	0	-	n/a	16
0	0	-	n/a	State Realignment	0	0	-	n/a	17
0	0	-	n/a	Prop 99 AB75	0	0	-	n/a	18
0	0	-	n/a	Other State (CCS and State Mandated Cost)	0	0	-	n/a	19
400	400	-	n/a	Fees/Cafeteria/Misc. (includes lease income)	798	798	-	n/a	20
2,168	2,168	-	n/a	Workorder Recovery	4,336	4,336	-	n/a	21
-	-	-	n/a	Transfer In and Project-Related	0	-	-	n/a	22
-	-	-	n/a	Carryforward	-	-	-	n/a	23
3,854	4,000	(146)	-3.7%	TOTAL OTHER OPERATING REVENUE	7,931	7,997	(66)	-0.8%	24
									25
7,660	7,755	(95)	-1.2%	TOTAL OPERATING REVENUE	15,495	15,495	-	n/a	26
									27
				OPERATING EXPENSES:					28
16,281	16,035	(246)	-1.5%	Personnel Services	32,105	32,070	(35)	-0.1%	29
3,154	3,084	(70)	-2.3%	Mandatory Fringe Benefits	6,174	6,167	(7)	-0.1%	30
1,562	1,562	-	n/a	Non-personal Services	3,125	3,125	-	n/a	31
714	714	-	n/a	Materials and Supplies	1,429	1,429	-	n/a	32
138	138	-	n/a	Facilities Maint. & Capital Outlay	275	275	-	n/a	33
922	732	(190)	-26.0%	Services of Other Departments (workorders)	1,843	1,462	(381)	-26.1%	34
-	-	-	n/a	Operating Transfer Out	-	-	-	n/a	35
-	-	-	n/a	Intrafund Transfer	-	-	-	n/a	36
651	651	-	n/a	Projects	1,302	1,302	-	n/a	37
23,422	22,916	(506)	-2.2%	TOTAL OPERATING EXPENSES	46,253	45,830	(423)	-0.9%	38
									39
(15,762)	(15,161)	(601)	-4.0%	OPERATING INCOME/(LOSS)	(30,758)	(30,335)	(423)	-1.4%	40
									41
				NON-OPERATING REVENUE:					42
15,168	15,168	-	n/a	General Fund	30,335	30,335	-	n/a	43
15,168	15,168	-	n/a	TOTAL NON-OPERATING REVENUE	30,335	30,335	-	n/a	44
									45
(594)	7	(601)	-8585.7%	NET INCOME/(LOSS)	(423)	-	(423)	n/a	46

HEALTH AT HOME
STATEMENT OF REVENUE AND EXPENSES FYE 9/30/2003
MONTH ENDING: DECEMBER 31, 2003
(In Thousands of Dollars)

YEAR-TO-DATE					ANNUAL				
Fav/(Unfav)					Fav/(Unfav)				
Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var	
NET PATIENT SERVICE REVENUE:									
277	277	0	n/a	Medi-Cal Revenue	549	549	0	n/a	
376	376	0	n/a	Medicare Revenue	746	746	0	n/a	
15	15	0	n/a	Other Patient Revenue	30	30	0	n/a	
0	0	0	n/a	Provision for Bad Debt	0	0	0	n/a	
<u>668</u>	<u>668</u>	<u>0</u>	<u>n/a</u>	TOTAL NET PATIENT SERVICE REVENUE	<u>1,325</u>	<u>1,325</u>	<u>0</u>	<u>n/a</u>	
OTHER OPERATING REVENUE:									
0	0	0	n/a	Short Doyle (Community Health Service)	0	0	0	n/a	
0	0	0	n/a	Short Doyle Medi-Cal	0	0	0	n/a	
0	0	0	n/a	MAA/TCM	0	0	0	n/a	
0	0	0	n/a	SB855	0	0	0	n/a	
0	0	0	n/a	SB1255	0	0	0	n/a	
0	0	0	n/a	GME	0	0	0	n/a	
0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0	n/a	
0	0	0	n/a	State Alcohol	0	0	0	n/a	
0	0	0	n/a	Proposition 36	0	0	0	n/a	
0	0	0	n/a	State Realignment	0	0	0	n/a	
0	0	0	n/a	Prop 99 AB75	0	0	0	n/a	
0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	
0	0	0	n/a	Fees/Cafeteria/Misc. (includes lease income)	0	0	0	n/a	
223	223	0	n/a	Workorder Recovery	446	446	0	n/a	
0	0	0	n/a	Transfer In and Project-Related	0	0	0	n/a	
0	0	0	n/a	Carryforward	0	0	0	n/a	
<u>223</u>	<u>223</u>	<u>0</u>	<u>n/a</u>	TOTAL OTHER OPERATING REVENUE	<u>446</u>	<u>446</u>	<u>0</u>	<u>n/a</u>	
<u>891</u>	<u>891</u>	<u>0</u>	<u>n/a</u>	TOTAL OPERATING REVENUE	<u>1,771</u>	<u>1,771</u>	<u>0</u>	<u>n/a</u>	
OPERATING EXPENSES:									
1,851	1,678	(173)	-10.3%	Personnel Services	3,646	3,346	(300)	-9.0%	
407	363	(44)	-12.1%	Mandatory Fringe Benefits	790	725	(65)	-9.0%	
175	175	0	n/a	Non-personal Services	350	350	0	n/a	
66	66	0	n/a	Materials and Supplies	131	131	0	n/a	
0	0	0	n/a	Facilities Maint. & Capital Outlay	0	0	0	n/a	
17	17	0	n/a	Services of Other Departments (workorders)	34	34	0	n/a	
0	0	0	n/a	Operating Transfer Out	0	0	0	n/a	
0	0	0	n/a	Intrafund Transfer	0	0	0	n/a	
0	0	0	n/a	Projects	0	0	0	n/a	
<u>2,516</u>	<u>2,299</u>	<u>(217)</u>	<u>-9.4%</u>	TOTAL OPERATING EXPENSES	<u>4,951</u>	<u>4,586</u>	<u>(365)</u>	<u>-8.0%</u>	
<u>(1,625)</u>	<u>(1,408)</u>	<u>(217)</u>	<u>-15.4%</u>	OPERATING INCOME/(LOSS)	<u>(3,180)</u>	<u>(2,815)</u>	<u>(365)</u>	<u>-13.0%</u>	
NON-OPERATING REVENUE:									
1,173	1,408	(235)	-16.7%	General Fund	2,815	2,815	0	n/a	
<u>1,173</u>	<u>1,408</u>	<u>(235)</u>	<u>-16.7%</u>	TOTAL NON-OPERATING REVENUE	<u>2,815</u>	<u>2,815</u>	<u>0</u>	<u>n/a</u>	
<u>(452)</u>	<u>0</u>	<u>(452)</u>	<u>n/a</u>	NET INCOME/(LOSS)	<u>(365)</u>	<u>0</u>	<u>(365)</u>	<u>n/a</u>	

JAIL HEALTH SERVICES
STATEMENT OF REVENUE AND EXPENSES FYE 9/30/2003
MONTH ENDING: DECEMBER 31, 2003
(In Thousands of Dollars)

YEAR-TO-DATE				ANNUAL						
Projection	Budget	Fav/(Unfav)		% Var		Projection	Budget	Fav/(Unfav)		% Vor
		Variance						Variance		
NET PATIENT SERVICE REVENUE:										
-	-	-	n/a	Medi-Cal Revenue	-	-	-	-	n/a	1
-	-	-	n/a	Medicare Revenue	-	-	-	-	n/a	2
-	-	-	n/a	Other Patient Revenue	-	-	-	-	n/a	3
-	-	-	n/a	Provision for Bad Debt	-	-	-	-	n/a	4
-	-	-	n/a	TOTAL NET PATIENT SERVICE REVENUE	-	-	-	-	n/a	5
OTHER OPERATING REVENUE:										6
-	-	-	n/a	Short Doyle (Community Health Service)	-	-	-	-	n/a	7
-	-	-	n/a	Short Doyle Medi-Cal	-	-	-	-	n/a	8
-	-	-	n/a	MAA/TCM	-	-	-	-	n/a	9
-	-	-	n/a	SB855	-	-	-	-	n/a	10
-	-	-	n/a	SB1255	-	-	-	-	n/a	11
-	-	-	n/a	GME	-	-	-	-	n/a	12
-	-	-	n/a	Capitation/Managed Care Settlement	-	-	-	-	n/a	13
-	-	-	n/a	State Alcohol	-	-	-	-	n/a	14
-	-	-	n/a	Proposition 36	-	-	-	-	n/a	15
-	-	-	n/a	State Realignment	-	-	-	-	n/a	16
-	-	-	n/a	Prop 99 AB75	-	-	-	-	n/a	17
-	-	-	n/a	Other State (CCS and State Mandated Cost)	-	-	-	-	n/a	18
389	389	-	n/a	Fees/Cafeteria/Misc. (includes lease income)	779	779	-	-	n/a	19
101	101	-	n/a	Workorder Recovery	202	202	-	-	n/a	20
-	-	-	n/a	Transfer In and Project-Related	-	-	-	-	n/a	21
-	-	-	n/a	Carryforward	-	-	-	-	n/a	22
490	490	-	n/a	TOTAL OTHER OPERATING REVENUE	981	981	-	-	n/a	23
490	490	0	n/a	TOTAL OPERATING REVENUE	981	981	0			24
OPERATING EXPENSES:										25
7,070	5,908	(1,162)	-19.7%	Personnel Services	13,933.00	11,819.00	(2,114)	-17.9%		26
1,306	947	(359)	-37.9%	Mandatory Fringe Benefits	2,232	1,894	(338)	-17.8%		27
2,548	2,548	-	n/a	Non-personal Services	5,096	5,096	-	n/a		28
1,094	1,094	-	n/a	Materials and Supplies	2,187	2,187	-	n/a		29
322	322	-	n/a	Facilities Maint. & Capital Outlay	644	644	-	n/a		30
333	284	(49)	-17.3%	Services of Other Departments (workorders)	666	567	(99)	-17.5%		31
-	-	-	n/a	Operating Transfer Out	-	-	-	n/a		32
-	-	-	n/a	Intrafund Transfer	-	-	-	n/a		33
-	-	-	n/a	Projects	-	-	-	n/a		34
12,673	11,103	(1,570)	-14.1%	TOTAL OPERATING EXPENSES	24,758	22,207	(2,551)	-11.5%		35
(12,183)	(10,613)	(1,570)	-14.8%	OPERATING INCOME/(LOSS)	(23,777)	(21,226)	(2,551)	-12.0%		36
NON-OPERATING REVENUE:										37
10,613	10,613	0	n/a	General Fund	21,226	21,226	0	n/a		38
10,613	10,613	0	n/a	TOTAL NON-OPERATING REVENUE	21,226	21,226	0	n/a		39
(1,570)	0	(1,570)	n/a	NET INCOME/(LOSS)	(2,551)	0	(2,551)	n/a		40

Department of Public Health - Public Health Division

STATEMENT OF REVENUE AND EXPENSES

December 31, 2003

(In Thousands of Dollars)

YEAR TO DATE				ANNUAL			
Projection	Budget	Fav/(Unfav) Variance	% Var	Projection	Budget	Fav/(Unfav) Variance	% Var
NET PATIENT SERVICE REVENUE:				NET PATIENT SERVICE REVENUE:			
410	521	(111)	-21.39%	1,042	1,042	0	n/a
139	1	138	27616.80%	1	1	0	n/a
184	33	151	465.78%	65	65	0	n/a
0	0	0	n/a	0	0	0	n/a
<u>732</u>	<u>554</u>	<u>178</u>	<u>32.13%</u>	<u>1,108</u>	<u>1,108</u>	<u>0</u>	<u>n/a</u>
OTHER OPERATING REVENUE:				OTHER OPERATING REVENUE:			
0	0	0	n/a	0	0	0	n/a
0	0	0	n/a	0	0	0	n/a
67	567	(500)	-88.12%	1,134	1,134	0	n/a
0	0	0	n/a	0	0	0	n/a
0	0	0	n/a	0	0	0	n/a
0	0	0	n/a	0	0	0	n/a
0	0	0	n/a	0	0	0	n/a
0	0	0	n/a	0	0	0	n/a
6,036	15,385	(9,349)	-60.77%	30,770	30,770	0	n/a
210	924	(714)	-77.30%	1,847	1,847	0	n/a
119	3,029	(2,910)	-96.07%	6,059	6,059	0	n/a
3,399	5,519	(2,120)	-38.42%	11,039	11,039	0	n/a
707	2,384	(1,677)	-70.34%	4,768	4,768	0	n/a
1,001	501	500	100.00%	1,001	1,001	0	n/a
4,866	4,866	0	n/a	4,866	4,866	0	n/a
<u>16,405</u>	<u>33,175</u>	<u>(16,770)</u>	<u>-50.55%</u>	<u>61,484</u>	<u>61,484</u>	<u>0</u>	<u>n/a</u>
<u>17,137</u>	<u>33,729</u>	<u>(16,592)</u>	<u>-49.19%</u>	<u>62,593</u>	<u>62,593</u>	<u>0</u>	<u>n/a</u>
OPERATING EXPENSES:				OPERATING EXPENSES:			
16,846	17,480	634	3.63%	36,032	36,792	760	2.07%
2,914	3,191	276	8.65%	6,576	6,716	140	2.08%
28,169	20,065	(8,104)	-40.39%	39,070	40,130	1,060	2.64%
1,950	1,527	(423)	-27.70%	3,054	3,054	0	n/a
0	26	26	100.00%	52	52	0	n/a
4,155	2,204	(1,951)	-88.52%	4,376	4,408	32	0.72%
0	0	0	n/a	0	0	0	n/a
0	0	0	n/a	0	0	0	n/a
0	0	0	n/a	0	0	0	n/a
<u>54,034</u>	<u>44,492</u>	<u>(9,542)</u>	<u>-21.45%</u>	<u>89,160</u>	<u>91,151</u>	<u>1,992</u>	<u>2.19%</u>
<u>(36,897)</u>	<u>(10,763)</u>	<u>(26,134)</u>	<u>242.82%</u>	<u>(26,567)</u>	<u>(28,559)</u>	<u>1,992</u>	<u>-6.97%</u>
OPERATING INCOME/(LOSS)				OPERATING INCOME/(LOSS)			
NON-OPERATING REVENUE:				NON-OPERATING REVENUE:			
14,279	14,279	0	n/a	28,559	28,559	0	n/a
<u>14,279</u>	<u>14,279</u>	<u>0</u>	<u>n/a</u>	<u>28,559</u>	<u>28,559</u>	<u>0</u>	<u>n/a</u>
<u>(22,618)</u>	<u>3,517</u>	<u>(26,134)</u>	<u>-743.19%</u>	<u>1,992</u>	<u>0</u>	<u>1,992</u>	<u>###</u>

Department of Public Health - Mental Health Division

STATEMENT OF REVENUE AND EXPENSES

December 31, 2003

(In Thousands of Dollars)

YEAR TO DATE				ANNUAL			
Projection	Budget	Fav/(Unfav)		Projection	Budget	Fav/(Unfav)	
		Variance	% Var			Variance	% Var
NET PATIENT SERVICE REVENUE:				NET PATIENT SERVICE REVENUE:			
1,891	3,878	(1,988)	-51.25%	Medi-Cal Revenue	7,756	7,756	0 n/a
225	300	(75)	-24.90%	Medicare Revenue	600	600	0 n/a
152	132	20	15.56%	Other Patient Revenue	263	263	0 n/a
0	0	0	n/a	Provision for Bad debt	0	0	0 n/a
2,268	4,310	(2,042)	-47.38%	TOTAL NET PATIENT SERVICE REVENUE	8,619	8,619	0 n/a
OTHER OPERATING REVENUE:				OTHER OPERATING REVENUE:			
547	5,956	(5,409)	-90.81%	Short Doyle (Community Mental Health Service)	11,912	11,912	0 n/a
10,577	18,231	(7,654)	-41.98%	Short Doyle M/Cal	36,463	36,463	0 n/a
0	0	0	n/a	MAA/TCM	0	0	0 n/a
0	0	0	n/a	S8855	0	0	0 n/a
0	0	0	n/a	S81255	0	0	0 n/a
0	0	0	n/a	GME	0	0	0 n/a
0	0	0	n/a	Capitation/Managed Care Settlement	0	0	0 n/a
0	0	0	n/a	State Alcohol	0	0	0 n/a
0	0	0	n/a	Proposition 36	0	0	0 n/a
7,712	28,427	(20,714)	-72.87%	State Realignment	56,853	56,853	0 n/a
0	0	0	n/a	Prop 99 AB75	0	0	0 n/a
0	793	(793)	-100.00%	Other State (CCS and State Mandated Cost)	1,585	1,585	0 n/a
422	491	(69)	-14.04%	Fees/Cafeteria/Misc (includes lease income)	982	982	0 n/a
4,543	7,631	(3,087)	-40.46%	Workorder Recovery	15,261	15,261	0 n/a
0	0	0	n/a	Transfer In and Project Related	0	0	0 n/a
9,170	9,170	0	n/a	Carryforward	9,170	9,170	0 n/a
32,972	70,698	(37,726)	-53.36%	TOTAL OTHER OPERATING REVENUE	132,226	132,226	0 n/a
35,240	75,008	(39,768)	-53.02%	TOTAL OPERATING REVENUE	140,845	140,845	0 n/a
OPERATING EXPENSES:				OPERATING EXPENSES:			
16,996	16,762	(234)	-1.39%	Personnel Services	35,282	35,282	0 n/a
2,858	2,913	55	1.88%	Mandatory Fringe Benefits	6,132	6,132	0 n/a
82,195	61,938	(20,257)	-32.71%	Non-personal Services	123,742	123,875	133 0.11%
1,840	1,083	(756)	-69.81%	Materials and Supplies	2,167	2,167	0 n/a
0	45	45	100.00%	Facilities Maint. & Capital Outlay	90	90	0 n/a
2,633	1,380	(1,253)	-90.78%	Services of Other Departments (workorders)	2,576	2,760	184 6.65%
0	0	0	n/a	Operating Transfer Out	0	0	0 n/a
0	0	0	n/a	Intrafund Transfer	0	0	0 n/a
0	0	0	n/a	Projects	0	0	0 n/a
106,521	84,121	(22,400)	-26.63%	TOTAL OPERATING EXPENSES	169,988	170,305	317 0.19%
(71,281)	(9,113)	(62,168)	682.16%	OPERATING INCOME/(LOSS)	(29,143)	(29,459)	317 -1.07%
NON-OPERATING REVENUE:				NON-OPERATING REVENUE:			
14,730	14,730	0	n/a	General Fund	29,459	29,459	0 n/a
14,730	14,730	0	n/a	TOTAL NON-OPERATING REVENUE	29,459	29,459	0 n/a
(56,552)	5,616	(62,168)	-1106.92%	NET INCOME/(LOSS)	317	0	317 #####

Department of Public Health - Substance Abuse Division

STATEMENT OF REVENUE AND EXPENSES FYE 9/30/03

December 31, 2003

(In Thousands of Dollars)

YEAR TO DATE

Projection	Budget	Fav/(Unfav) Variance	% Var
0	0	0	n/o
0	0	0	n/o
0	0	0	n/o
0	0	0	n/a
<u>0</u>	<u>0</u>	<u>0</u>	<u>n/o</u>
0	0	0	n/a
1,223	1,775	(552)	-31.12%
0	0	0	n/o
0	0	0	n/o
0	0	0	n/o
0	0	0	n/o
0	0	0	n/a
5,193	7,789	(2,596)	-33.33%
32	2,071	(2,039)	-98.47%
0	0	0	n/o
0	0	0	n/o
0	0	0	n/o
290	216	74	34.13%
1,008	2,378	(1,370)	-57.62%
0	0	0	n/a
4,718	4,718	0	n/o
<u>12,463</u>	<u>18,948</u>	<u>(6,485)</u>	<u>-34.22%</u>
<u>12,463</u>	<u>18,948</u>	<u>(6,485)</u>	<u>-34.22%</u>
1,154	1,376	222	16.15%
202	251	49	19.41%
43,139	29,548	(13,591)	-46.00%
17	32	14	45.02%
0	0	0	n/o
2,030	1,013	(1,018)	-100.47%
0	0	0	n/o
0	0	0	n/a
0	0	0	n/o
<u>46,544</u>	<u>32,220</u>	<u>(14,324)</u>	<u>-44.46%</u>
<u>(34,080)</u>	<u>(13,272)</u>	<u>(20,808)</u>	<u>156.78%</u>
15,716	15,716	0	n/o
<u>15,716</u>	<u>15,716</u>	<u>0</u>	<u>n/a</u>
<u>(18,364)</u>	<u>2,444</u>	<u>(20,808)</u>	<u>-851.37%</u>

NET PATIENT SERVICE REVENUE:

Medi-Cal Revenue
Medicare Revenue
Other Patient Revenue
Provision for Bad debt
<u>TOTAL NET PATIENT SERVICE REVENUE</u>

OTHER OPERATING REVENUE:

Short Doyle (Community Mental Health Service)
Short Doyle M/Col
MAA/TCM
SB855
SB1255
GME
Capitation/Managed Care Settlement
State Alcohol
Proposition 36
State Realignment
Prop 99 AB75
Other State (CCS and State Mandated Cost)
Fees/Cofeteria/Misc (includes lease income)
Workorder Recovery
Transfer In and Project Related
Carryforward
<u>TOTAL OTHER OPERATING REVENUE</u>

TOTAL OPERATING REVENUE

OPERATING EXPENSES:

Personnel Services
Mandatory Fringe Benefits
Non-personal Services
Materials and Supplies
Facilities Maint. & Capitol Outlay
Services of Other Departments (workorders)
Operating Transfer Out
Intofund Transfer
Projects
<u>TOTAL OPERATING EXPENSES</u>

OPERATING INCOME/(LOSS)

NON-OPERATING REVENUE:

General Fund
<u>TOTAL NON-OPERATING REVENUE</u>

NET INCOME/(LOSS)

ANNUAL

Projection	Budget	Fav/(Unfav) Variance	% Var
0	0	0	n/o
0	0	0	n/o
0	0	0	n/o
0	0	0	n/a
<u>0</u>	<u>0</u>	<u>0</u>	<u>n/o</u>
0	0	0	n/a
3,550	3,550	0	n/o
0	0	0	n/a
0	0	0	n/o
0	0	0	n/o
0	0	0	n/a
0	0	0	n/o
15,579	15,579	0	n/o
4,142	4,142	0	n/o
0	0	0	n/o
0	0	0	n/a
0	0	0	n/o
433	433	0	n/o
4,756	4,756	0	n/o
0	0	0	n/a
4,718	4,718	0	n/o
<u>33,178</u>	<u>33,178</u>	<u>0</u>	<u>n/o</u>
<u>33,178</u>	<u>33,178</u>	<u>0</u>	<u>n/o</u>
2,566	2,896	330	11.39%
459	529	70	13.24%
58,740	59,097	357	0.60%
63	63	0	n/o
0	0	0	n/o
2,029	2,026	(4)	-0.18%
0	0	0	n/o
0	0	0	n/o
0	0	0	n/o
<u>63,857</u>	<u>64,611</u>	<u>753</u>	<u>1.17%</u>
<u>(30,679)</u>	<u>(31,432)</u>	<u>753</u>	<u>-2.40%</u>
31,432	31,432	0	n/o
<u>31,432</u>	<u>31,432</u>	<u>0</u>	<u>n/o</u>
<u>753</u>	<u>0</u>	<u>753</u>	<u>75329800.26%</u>

San Francisco General Hospital Medical Center (SFGHMC) Rebuild

Rebuild Planning Assumptions

1. SFGHMC will be rebuilt by 2013, or close by 2008.
2. The General Obligation Bond will be recommended to be placed on the November 2004 ballot (requires the approval of the Health Commission, CIAC, Board of Supervisors, and Mayor).

Financial Constraint

1. The total General Obligation Bond will be no more than \$550 million

Rebuild Steering Committee

Roles and Responsibilities

Rebuild Steering Committee will have a consensus process designed to produce a final recommendation to the Combined Advisory Committee and to the Health Commission by February 23rd, 2004.

Minimum elements of recommendations:

1. Site proposal (which may include an option of switching sites under specified circumstances)
2. Total number of beds, plus or minus 10 beds.
3. Location of Acute Psychiatry ward.
4. Configuration of Obstetrics and Pediatrics.

Consensus process:

- Identify issues first.
- Answer questions with data when possible.
- Recommendations by vote with minority reports, if necessary.

Attachment B

Rebuild Location Options

Concept A-1 – Rebuild to the north of the existing acute care hospital on Potrero

- 267 beds in new hospital
- 100 acute psych beds in Building 5 (current acute care hospital)
- Upgrade and partial renovation of Building 5
- Demolition of M wing and Building 100
- Upgrade and renovation of Buildings 10/20 and 30/40 for clinics and research space

Concept A-2 – Rebuild on the front lawn of the existing acute care hospital on Potrero

- 267 beds in new hospital
- 100 acute psych beds in Building 5 (existing acute care hospital)
- Upgrade and full renovation of Building 5
- Upgrade, renovation, and incorporation of Buildings 10/20 and 30/40 into hospital beds
- No Demolition of M Wing or Building 100

Concept B-1 – Rebuild at a site in Mission Bay

- New acute care hospital at Mission Bay
- 278 beds in new hospital
- 100 acute psych nursing beds at Potrero
- Exact site to be determined

General Obligation Bond Options (2004)

- Build at Potrero Site
- Build at Potrero site unless, under specified conditions, the Board of Supervisors/Mayor determines that Mission Bay is superior based on EIRs and relocation plans of UCSF Medical Center

Rebuild Threshold Issues

Threshold Issues	Pros	Cons	Uncertainties / Follow-up Activities
1. Location—Potrero vs. Mission Bay			
Potrero	<ol style="list-style-type: none">1. City and County of San Francisco already owns land2. Already zoned for hospital use.3. Hospital support structures are already in place4. Psychiatry would be maintained with general acute care.5. Less expensive rebuild location.6. Maintains access for current service population.7. Maintains loyalty to consumers in Mission district (over 100 years of service at Potrero campus)8. Greater degree of certainty (not dependent on land acquisition, re-zoning, competing uses for land).9. Maintains a "One Stop" hospital and medical center.10. Good land conditions and ability to build underground.11. Combined campus would involve lower operational costs.	<ol style="list-style-type: none">1. Congested urban area2. Reduces existing open space on current campus.3. Requires demolition of existing buildings.4. Construction would be disruptive to on-going operations, patients, and staff.5. Does not realize benefit of being next to Mission Bay's critical mass of research.6. Siting of Helpad is more difficult.	<p>1. Community Impact</p> <ul style="list-style-type: none">• Patient Care Impact — Please refer to the Information Sheet #2 – Our Service Population.• Construction impact—5-8 years of construction• Economic impact—unchanged
Mission Bay	<ol style="list-style-type: none">1. Open land, no demolition of buildings.2. No disruption to operations during construction.3. Facilitates helpad site (landing approaches over water).4. Places hospital near academic research center, which may help attract and retain high-quality medical staff5. Co-Location possible pending a decision by UCSF.	<ol style="list-style-type: none">1. Costs more per bed due to all new construction, land acquisition, and site infrastructure.2. Lacks existing facilities.3. Separates ambulatory specialty care from hospital.4. Would cause clinical challenges if acute psych care operates separately.5. Major land acquisition and zoning changes required.6. Involves complex approval process.7. Possible environmental issues.8. Mission Bay neighborhood concerns about 2 hospitals in same area.9. UCSF is considering purchasing the same land10. All construction on fill – higher structural costs, limited ability to build underground.11. Split campus would potentially involve higher operating costs.12. High-caliber inpatient and trauma care would leave Potrero community, and current patients would have to travel to Mission Bay for the same level of care.	<p>1. Community Impact</p> <ul style="list-style-type: none">• Patient Care Impact – Please refer to the Information Sheet #2 – Our Service Population.• Construction impact on Mission Bay neighbors —3-5 years of construction• Economic impact—Relocation may temporarily have a negative impact on neighboring Potrero businesses during transition period, but will return to normal as Potrero buildings are re-occupied. <p>2. Co-location with UCSF Medical Center offers additional benefits but it's unclear when UCSF will decide what they will build on the site. What are the additional benefits of co-locations? Please refer to the Information Sheet #3 –Mission Bay Co-location.</p>

Threshold Issues	Pros	Cons	Uncertainties / Follow-up Activities
2. Maintaining Acute Psychiatry Care at Potrero if SFGHMC moves to Mission Bay			
<ol style="list-style-type: none"> 1. Would be necessary to make Mission Bay an affordable option. 2. Potential to develop Potrero campus as a "Center for Excellence" in Behavioral Health Care. 3. Health & Safety Code Section 1250.8.B allows for a single consolidated license for separate facilities as long as they are no more than 15 miles apart, so it is allowed from a licensing perspective and thus would not affect Medicare or Medi-Cal reimbursement. 4. Psych Emergency Services (PES) can also be maintained with Acute Psych at the Potrero campus, separate from the main hospital at Mission Bay. 	<ol style="list-style-type: none"> 1. Will create the perception that Psychiatry is "being left behind"; reinforces sense that they are second-class citizens in the medical world. 2. Coordinating care at two sites would require careful coordination of care for dual-diagnosed patients. 	<ol style="list-style-type: none"> 1. Discharges from Psych to Acute Care and from Acute Care to Psych in FY 02-03 = 3.71 week 2. Admissions from ED to PES = 2-10/day 3. May need another mobile crisis van. Usage and cost needs to be quantified. Gregg Sass to report. 	For more details, please refer to the Information Sheet #4 – Psychiatry.
3. The Number of Beds			
Potrero <ol style="list-style-type: none"> 1. 267 new beds 2. 100 psych acute in existing hospital 	<ol style="list-style-type: none"> 1. Maintains existing capacity. 	<ol style="list-style-type: none"> 1. Does not expand inpatient capacity to deal with diversion projections of increased needs. 	For more details, please refer to the Information Sheet #5 – Bed Count.
Mission Bay <ol style="list-style-type: none"> 1. 267 new beds 2. 100 psych acute in existing Hospital. 	<ol style="list-style-type: none"> 1. Maintains existing capacity. 	<ol style="list-style-type: none"> 1. Does not expand inpatient capacity to deal with diversion projections of increased needs. 	For more details, please refer to the Information Sheet #5 – Bed Count.
4. Skilled Nursing Beds (30)			
Potrero <ol style="list-style-type: none"> 1. Allows for short-term skilled nursing patients to remain at the same location. 2. Allows for control over patient flow from acute to skilled nursing care. 			<ol style="list-style-type: none"> 1. Laguna Honda Hospital will be building 1200 beds and their current census now is 1065 and so they can absorb the elimination of those beds.
Mission Bay <ol style="list-style-type: none"> 1. Leaving 30 skilled nursing beds at Potrero does not add to acute care bed count. 	<ol style="list-style-type: none"> 1. Skilled nursing patients will need to be transferred to Potrero, and then eventually to Laguna Honda Hospital. 		
5. Possible \$140 million Additional Unreinforced Masonry Building (UMB) Bond Money			
<ol style="list-style-type: none"> 1. Allows us to offload services from buildings that will need demolition/construction. 2. Helps maintain clinic capacity. 	<ol style="list-style-type: none"> 1. Cannot be used for a rebuild at Mission Bay. 2. Must be paid back. 		Question of whether UMB funds can be used for front lawn concept being examined by City Attorney.

Threshold Issues	Pros	Cons	Uncertainties / Follow-up Activities
	3. Provides research capacity.		<p>2. Landmark preservation issues-- Meeting scheduled with Planning Department on 1/22/04.</p> <p>3. Repayment Options</p> <ul style="list-style-type: none"> • Money saved by relocating DPH staff from leased space to the city-owned Potrero campus could contribute to repayment. • UCSF researchers in the masonry buildings may be able to contribute to repayment through grant money. SFGH medical staff members are working with the UCSF Chancellor's Office to determine if indirect costs could be recovered to offset the costs of research space development.
6. Potrero Avenue Concepts – A1 vs. A2			
A1—Rebuild on North Campus	<ol style="list-style-type: none"> 1. Aligns with existing building for combined inpatient/outpatient services. 2. Maximizes operations, decreasing costs. 3. Construction for acute care hospital would cost less-- \$550 M. 4. General obligation (\$550 M) bond cost are higher 5. \$140 M in UMB money may go toward upgrading masonry buildings for clinics and research because UMB funds are not necessary to build acute care facility. 	<ol style="list-style-type: none"> 1. Requires demolition of buildings M and 100 2. Need to relocate clinics/research occupants of buildings M and 100. 3. Demolition and construction next to operating hospital may cause disruption to existing hospital. 	<ol style="list-style-type: none"> 1. Landmark preservation issues— Meeting scheduled with Planning Department on 1/22/04.
A2—Rebuild on Front Lawn	<ol style="list-style-type: none"> 1. Direct ambulance drop-off at Potrero. 2. Would not require demolition of Buildings M, and 100. 3. Less noise and disruption because construction would occur away from current hospital. 4. Restitution of historic hospital location. 5. General obligation costs are lower (\$470 M) 	<ol style="list-style-type: none"> 1. Construction for acute care hospital would cost more-- \$616 M. 2. Need for duplication of operations due to lack of adjacencies. 3. May involve higher operating costs 4. Would need lease space to offload occupants of masonry buildings. 	<ol style="list-style-type: none"> 1. Landmark preservation issues -- Meeting scheduled with Planning Department on 1/22/04. 2. Must review long and narrow configuration to ensure it works to fit nursing units — Consultants feel that a reasonable configuration for acute care could be developed within the frame of the red brick buildings, although it may not be the most efficient.
7. Research – Potrero vs. Mission Bay			
Potrero	<ol style="list-style-type: none"> 1. UMB money may facilitate development of research space. 2. Land available for UC development 	<ol style="list-style-type: none"> 1. New research space at Potrero would not provide the synergy of research space at Mission Bay. 2. 	<p>1. Question of whether or not Building 100 would be a good footprint for research — Yes, UCSF campus planning staff concluded that the development of a new research building at Building 100 could meet their programmatic goals.</p> <p>2. Question of how much UC would invest in research space at Potrero. Please refer to Information Sheet # 7 -- Research Space.</p>

Threshold Issues	Pros	Cons	Uncertainties / Follow-up Activities
Mission Bay	1. Would provide convenient proximity to other research facilities.	1. Clinicians at Potrero would have to travel to Mission Bay to conduct research.	
8. Helipad			
Potrero	1. Would provide San Francisco and the region with medical air access. 2. Would meet the recommendation of the San Francisco Emergency Medical Services and the American College of Surgeons to maintain Level 1 Trauma status. 3. Would ensure the highest level of trauma care for all of San Francisco.	1. East Mission and Potrero neighbors are concerned about the noise levels and safety issues. 1. The Mission Bay neighborhood may have concerns about noise levels and safety issues.	1. EIR not available until 2005, which makes this issue very difficult to resolve. 2. The volume of trauma patients that feeds into the hospital and payor mix—Gregg Sass to respond.
Mission Bay	1. Would provide San Francisco and the region with medical air access. 2. Would meet the recommendation of the San Francisco Emergency Medical Services and the American College of Surgeons for trauma center to have a helipad. 3. May allow for less disruptive landings because medivac helicopters would fly over the water. 4. Would ensure the highest level of trauma care for all of San Francisco.	1. The Mission Bay neighborhood may have concerns about noise levels and safety issues.	
9. OB/Peds			
Should SFGHMC consolidate OB/Peds if UCSF builds a Mother's & Children's hospital?	1. Citywide births projected to decline over next 10 years. 2. Research shows that quality improves with higher program volume. 3. SFGH patients will have better access to perinatal and neonatal specialists. 4. UCSF patients will have better access to bilingual and specialized psychosocial services. 5. Helps address quality of care concerns due to currently low inpatient pediatric patient volume at SFGMC.	1. Requires carefully crafted partnership agreement. 2. Ensuring continuation of unique SFGHMC competencies (cultural, language, psychosocial, midwifery programs, etc.). 3. Potential loss of Medi-Cal reimbursement for SFGHMC.	1. What is the proposed bed count for OB/Peds in the new hospital? 2. Would the consolidation of OB/Peds patients into a UC Mothers and Children's hospital impact our DSH reimbursement? 3. Would consolidation of OB/Peds with UCSF impact SFGHMC's Level 1 Trauma status? For answers to these questions, please refer to Information Sheet #8—Obstetrics/ Pediatrics.
10. Rebuild's Impact on Ambulatory and Primary Care			
Potrero	1. Clinics would continue serving their current primary care patients at Potrero.	1. Plan does not provide funding to build more clinics out in the community.	
Mission Bay	1. Clinics would continue serving their current primary care patients at Potrero.	1. Mission Bay medical center would lack primary care services because they would remain at Potrero campus. 2. Inpatients and providers will no longer have convenience of adjacent primary care clinics. 3. Would require redundancies in programs and equipment. 4. Plan does not provide funding to build more clinics out	

Threshold Issues	Pros	Cons	Uncertainties / Follow-up Activities
11. Useful Life of Each Alternative			
Potrero	<ol style="list-style-type: none"> Acute care hospital would be brand new, with a building life of 50 years, and an economic life of 30 years. As a result of extensive work to be performed on masonry buildings, the resulting buildings will be the equivalent of new structures, with a building life of 50 years, and an economic life of 30 years. The existing hospital building is scheduled to be seismically strengthened, and all major components of the building systems will be replaced giving it a 50-year life and 30-year economical life. 		<ol style="list-style-type: none"> Will Building 5 meet seismic safety standards for UC employees? <p>Please refer to Information Sheet #9—Useful Life of Renovated Buildings at Potrero.</p>
Mission Bay	<ol style="list-style-type: none"> Entire campus will be brand new, with a building life of 50 years, and an economic life of 30 years 		<p>Please refer to Information Sheet #9—Useful Life of Renovated Buildings at Potrero.</p>
12. Long-term Success of Medical Center based on attractiveness to faculty and residents/ students. (For Community Impact, see Threshold Number 1)			
Potrero	<ol style="list-style-type: none"> Ambulatory care Providers who also provide Attending services in the hospital would not have to shuttle across town. 	<ol style="list-style-type: none"> Lacks the advantage of proximity to academic research center. 	<ol style="list-style-type: none"> Examine recruitment of faculty. Examine recruitment of students. <p>Please refer to Information Sheet # 7 -- Research Space.</p>
Mission Bay	<ol style="list-style-type: none"> Place a hospital near academic research center, which offers the promise for establishing a more interactive environment, attractive to both faculty and trainees. Brand new medical campus may be more appealing to Faculty and trainees. 	<ol style="list-style-type: none"> Ambulatory care Providers who also provide Attending services in the hospital would have to shuttle across town between Potrero and Mission Bay locations. 	<ol style="list-style-type: none"> Examine expected recruitment of faculty. Examine expected recruitment of students. <p>Please refer to Information Sheet # 7 -- Research Space.</p>
13. Operational Efficiencies of the three Concepts			
A1 Potrero North	<ol style="list-style-type: none"> Most Efficient <ul style="list-style-type: none"> Single Campus Full Contingent with existing hospital 		
A2 Potrero West	<ol style="list-style-type: none"> 2nd Most Efficient <ul style="list-style-type: none"> Single Campus 		
B1 Mission Bay		<ol style="list-style-type: none"> Split Campus provides the Least Efficient Operational Costs 	

Rebuild SFGH Work Plan (updated 1/26/04)

Date, Time, Location	Meeting	
1/5/04 3:30 – 5:30 PM 2789 25 th Street Room 2001	<i>Rebuild Steering Committee</i>	
	▪ Agree on Rebuild Planning Assumptions.	Completed
	▪ Agree on Rebuild Steering Committee Roles and Responsibilities.	Completed
	▪ Agree on Rebuild Steering Committee Process.	Completed
	▪ Agree on Rebuild Work Plan.	Completed
	▪ Review Rebuild location options.	Completed
	▪ Review	Completed
	○ Pros and Cons of threshold issues	Completed
	○ Additional threshold questions	Completed
1/13/04 3:45 – 5:30 PM SFGH Main Bldg, Rm 2A6	<i>SFGH – JCC</i>	Completed
	Inform Joint Conference Committee and seek input on process, options, pros and cons, data needs.	Completed
1/14/04 6-8 PM 2789 25 th Street Room 2001	<i>Neighborhood Meeting</i>	Completed
	▪ Update Community on progress on Rebuild Steering Committee work.	Completed
	▪ Seek input for Steering Committee.	Completed
	▪ Follow-up	
1/26/04 3:30 – 5:30 PM 2789 25 th Street Room 2003	○ Add Teen Meeting	
	○ Contact Community Groups	
	○ Update Website	
	<i>Rebuild Steering Committee</i>	
	▪ Review new information/data.	
	○ Legal opinion about using UMB money for acute hospital.	
	○ Landmark preservation process for unreimbursed masonry buildings.	
	○ Update on peer review of the original structural engineering analysis of existing hospital.	
	▪ Review updated threshold issues pros and cons.	
	▪ Discussion and Vote on size recommendation for Rebuild of SFGH.	
	▪ Discussion and Vote on recommended continued use of current psychiatric wards on Potrero campus.	
	▪ Give update on community input from Neighborhood Meeting.	

1/27/2004, 2:03 PM

Attachment C

1/27/04 5 – 7 PM 2789 25 th Street Room 2001	<i>Combined Advisory Committee</i>	
	<ul style="list-style-type: none"> ▪ Update broader advisory group on progress of Rebuild Steering Committee work. ▪ Seek input for Steering Committee. 	
1/28/04 3 – 5 PM 2789 25 th Street Room 2001	<i>CHN – JCC</i>	
	<ul style="list-style-type: none"> ▪ Inform Joint Conference Committee and seek input, options, pros and cons, data needs. 	
2/9/04 3:30 – 5:30 PM 2789 25 th Street Room 2003	<i>Rebuild Steering Committee</i>	
	<ul style="list-style-type: none"> ▪ Review new information data. 	
	<ul style="list-style-type: none"> ▪ Review updated threshold issues pros and cons. ▪ Discussion and vote on site proposal (with or without option for future change). 	
2/10/04 3:45 – 5:30 PM SFGH Main Bldg, Rm 2A6	<i>SFGH – JCC</i>	
	<ul style="list-style-type: none"> ▪ Inform Joint Conference Committee and seek input on process, options, pros and cons, data needs. 	
2/11/04 6-8 PM 2789 25 th Street Room 2001	<i>Neighborhood Meeting</i>	
	<ul style="list-style-type: none"> ▪ Update Community on progress on Rebuild Steering Committee work. 	
	<ul style="list-style-type: none"> ▪ Seek input for Steering Committee. 	
2/23/04 3:30 – 5:30 PM 2789 25 th Street Room 2003	<i>Rebuild Steering Committee</i>	
	<ul style="list-style-type: none"> ▪ Review Bond Report. 	
2/24/04 3 – 5 PM 2789 25 th Street Room 2001	<i>CHN – JCC</i>	
	<ul style="list-style-type: none"> ▪ Inform Joint Conference Committee and seek input, options, pros and cons, data needs. 	
2/24/04 5 – 7 PM 2789 25 th Street Room 2001	<i>Combined Advisory Committee</i>	
	<ul style="list-style-type: none"> ▪ Update Community on progress on Rebuild Steering Committee work. 	
3/2/04 3 – 5 PM 101 Grove Street Room 300	<i>Health Commission</i>	
	<ul style="list-style-type: none"> ▪ Vote on Forwarding Bond to CIAC. 	

<i>Bond Approval Process</i>	
Wednesday 3/17/04 - 4/15/04	CIAC Initial Public Hearing
Friday 4/16/04	Bond Report Final CIAC Submittal
Monday 4/19/04 - 4/30/04	CIAC Final Public Hearing
Thursday 4/22/04 - 5/5/04	Resolution introduced to BOS
Thursday 5/6/04 - 5/14/04	Referral to Controller
Monday 5/17/04 - 6/7/04	CIAC Written Okay to Board
Monday 5/24/04 - 5/28/04	Resolution Adopted by BOS
Monday 5/31/04 - 7/23/04	Ordinance by BOS
Tuesday 1/2/04	Election

San Francisco General Hospital Rebuild Information Sheets

January 26, 2004

1. Unreinforced Masonry Building (UMB) Funds for Retrofit Work at Potrero
2. Psychiatry and the Mission Bay Option
3. SNF Beds
4. Bed Count

Attachment D

San Francisco General Hospital Rebuild Unreinforced Masonry Building (UMB) Funds for Retrofit Work at Potrero Information Sheet

Background

In 1994, a Seismic Safety Loan Program was established by the City to provide loans for the seismic strengthening of unreinforced masonry buildings devoted to affordable housing and to market-rate residential, commercial and **institutional** uses. The funds are proceeds from bonds already authorized by the voters.

Eligibility

The City Attorney's office has determined that City-owned buildings can be eligible under the program, and the director of the loan program preliminarily has determined that the masonry buildings at SFGH may qualify for a loan under the "institutional" category. The UMB Loan Committee individually reviews each project so no loan is guaranteed until the final proposal is before them.

Approvals

IF THE CITY WERE TO BECOME A BORROWER OF UMB FUNDS FOR SFGH, THEN IT WOULD BE INCURRING DEBT. UNDER THE CHARTER THE CITY NEEDS A VOTE OF THE PEOPLE (IN THIS CASE 2/3 FOR GO BONDS) TO INCUR DEBT. TWO OPTIONS FOR THIS APPROVAL ARISE:

- 1) Place two measures on the ballot, one to authorize GO bonds for a portion of the project, and a second measure to authorize the City as a borrower under the UMB program.
- 2) The second option would be to authorize both requests in one measure without violating regulations on multiple questions. The bond language would ask for approval to issue the total size of the project in GO bonds, approximately \$150 million of which would then be issued under the UMB program and repaid by SFGH.

Alternately, we could utilize UMB funds without going to the voters if we have a revenue source to pay back the loan. For example, if the space was to be used for research, and the researchers paid rent equal to the loan amount, no vote of the people would be required. It would require, however, a $\frac{3}{4}$ approval vote of the Board of Supervisors to authorize the loan arrangement.

UMB Loan Uses

UMB loan funds cannot be used to retrofit the existing hospital building (Building 5), nor may it be used to build replacement buildings at Potrero Ave or Mission Bay.

Repayment Options

Relocating DPH staff from leased space throughout San Francisco to the city-owned Potrero campus would allow DPH to discontinue those leases. The money saved could contribute to repayment of the UMB loan.

UCSF researchers in the masonry buildings may be able to contribute to repayment through grant money. Sue Carlisle (M.D.) and Talmidge King (M.D.) are working with the UCSF Chancellor's Office to determine if indirect costs could be recovered to offset the costs of research space development.

San Francisco General Hospital Rebuild Psychiatry and the Mission Bay Option Information Sheet

How Should Psychiatry Services Be Configured if SFGHMC Moves to Mission Bay?

With 106 beds (92 excluding jail psychiatric beds) SFGHMC operates the largest inpatient psychiatric service in San Francisco. SFGHMC and the Department of Psychiatry also operate the Psychiatric Emergency Service (PES) and a range of outpatient and case management programs, primarily for uninsured and Medi-Cal consumers.

SB 1953 only requires locating general acute beds in a “conforming facility”, therefore the current Psychiatry Inpatient Units do not need to be rebuilt.

To assess the patient impact of building at Mission Bay and maintaining Psychiatry at Potrero Ave. we have investigated the numbers of transfers between Inpatient Psychiatry and Acute Care; and between PES and the Emergency Department.

Discharges from Inpatient Psychiatry to Acute Care and Vice Versa = 3.7 per week.

Admissions from ED to PES = 2-10 per day

Because these transfers are minimal, operating a split campus is feasible.

However, if we were to build a new Hospital at Mission Bay and maintain Psychiatry at Potrero Ave, we anticipate that faculty and patients may feel “Left Behind”.

San Francisco General Hospital Rebuild SNF (Skilled Nursing Facility) Beds Information Sheet

Background

SFGH currently operates a 30-bed SNF unit within the hospital building.

Laguna Honda Hospital currently operates a 1065 unit SNF, which is often too full to handle the patients from SFGH. The future LHH will be built for 1200 SNF patients. This allows for an expansion of 135 beds.

San Francisco General Hospital Rebuild

Bed Count

Information Sheet

	SFGH Peak Average Daily Census By Bed Classification Fy 01, Fy 02, Fy 03 Beds	SOM/TSANG Recommended Beds Per Nursing Unit	Recommended Amount of Nursing Units	Recommended Amount of (Beds)
Service				
1 Inpatient Beds				
2 Clinical Care (excluding W & C, Trauma, Behavioral Health)				
3 Acute Care				
4 Medical/Surgical	149.6	30	5	150
5 Forensic	incl. in line #4	10	0	0
6 ICU	26.6	10	3	30
7 Step-Down	19.6	10	2	20
8	195.8			200
9 Women's & Children's Services				
10 Acute Care				
11 Medical/Surgical	included in line 12	30	0	0
12 Perinatal	14	30	0.5	15
13 Forensic	incl. in line #4	30	incl. in line #4	incl. in line #4
14 ICU	incl. in line #6	10	0	0
15 Step-Down	incl. in line #7	10	Incl. in line #7	Incl. in line #7
16 Pediatrics				
17 Medical/Surgical	6.5	10	1	8
18 PICU	n/a	10	0	0
19 Nursery	9.5	12	1	10
20 Neonatal ICU & Semi	13.5	10	1.5	14
21	43.5			47
22 Trauma Service				
23 Acute Care				
24 Medical/Surgical	incl. in line 4	30	0	0
25 ICU	8.7	10	2	20
26 Step-Down	incl. in line #7	10	0	0
27	8.7			20
28				
29 Total Acute Beds	248			267
30				
31 Behavioral Health				
32 Acute Care				
33 Medical-Psychiatric	94.3	25	4	100
34 Psych. Dept. Forensic	n/a	30	0	0
35	94.3			100
Total Hospital Bed Count	342.3			367

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Vice President

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Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, February 24, 2004
3:00 p.m. – 5:00 p.m.
at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sánchez, Jr., Ph.D.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES FOR THE MEETING OF
JANUARY 28, 2004

**Minutes of January 28, 2004*

3) FOR DISCUSSION: CHN SECRETARY'S REPORT
(Barbara Garcia, Deputy Director, Community Health Network,
Community Programs)
(Activities and Operations of Community Health Network)
**Report*

4) FOR DISCUSSION: SFGH REBUILD UPDATE
(Gene O'Connell, SFGHMC Executive Administrator)
**Update*

- 5) EMERGING ISSUES
- 6) PUBLIC COMMENTS**
- 7) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

San Francisco Lobbyst Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code §2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, February 24, 2004
3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:20 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Roma P. Guy, M.S.W.

Absent: Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Mildred Crear, Barbara Garcia, Gene O'Connell

2) APPROVAL OF MINUTES FOR THE MEETING OF JANUARY 28, 2004

Action Taken: The Committee approved the minutes of the January 28, 2004
Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director, Community Health Network, Community Programs, presented the Secretary's Report.

PROGRAM UPDATES

San Francisco General Hospital Diversion Report

The Emergency Department (ED) recorded 36 episodes of diversion for 150 hours representing a rate of 20.0% rate in January 2004. There was a 1.0% increase in diversion since December 2003.

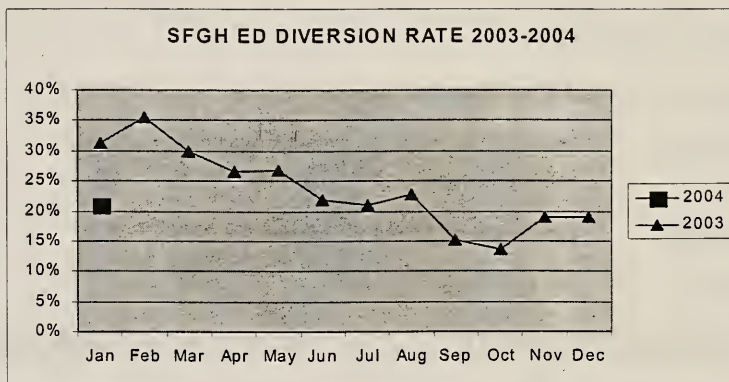
The 36 episodes of diversion are categorized as follows:

Diversion Type	# of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	36	150	20.0%	1.0%
Trauma Override	8	33	4.0%	4.0%

The ED was impacted by capacity and high patient acuity during the 36 episodes of Total Diversion and Trauma Override. During this time, 309 patients were pending admission to inpatient beds (ICU-24, 4B/StepDown-114, MedSurg-171). In January 2003, the ED was on Total Diversion 31.3% of the month. Trauma Override was invoked 6.1% of the month in January 2003.

Total Diversion was recorded for 36 episodes, a total of 150 hours or a 20.0% rate for January 2004, and a 1.0% increase in Total Diversion since December 2003. While on Total Diversion the ED held 309 patients in January 2004. While on Total Diversion in January 2003, the ED held 415 patients awaiting inpatient beds.

Trauma Override was recorded for 8 episodes, a total of 33 hours or a 4.0% rate for January 2004. This is a 4.0% decrease in Trauma Override since December 2003. While on Trauma Override the ED held 43 patients in January 2004. While on Trauma Override in January 2003, the ED held 77 patients awaiting inpatient beds.



EVENTS, TRAININGS AND PRESENTATIONS

Managers of African Descent Annual Event

The Department of Public Health's Managers of African Descent held their Annual Black History Month Cultural and Educational Event at the African American Cultural Arts Center on February 5. Each year the African American Health Initiative hosts the event which features afro-centric music

and food, health information, a pictorial display of African American Women in medicine and honors African Americans making history in health and science. This year's honorees included the late Dr. Patricia E. Evans, Former Medical Director of Maternal and Child Health; Former Health Commissioners Naomi Gray and Dr. Harrison Parker; Former Hospital Administrator, Anthony Wagner; Community Activist, Dr. Raye Richardson; MCH Director, Mildred Crear; and Faith-based Health Activist, Rev. Aurelious Walker.

African American Issues in Mental Health VII

In celebration of Black History Month, this annual event will feature aspects of African American culture and history from slavery through reconstruction to the present. This year's mental health topic is *Post Traumatic Slave Syndrome: A Time for Healing*, with a keynote presentation from Joy DeGruy-Leary, Ph.D. and special guest speaker Reverend Cecil Williams. Other activities include discussions of cultural competence, empowering community, advocacy, and spirituality. There will also be entertainment in the form of live performances, creative arts, and an ethnic lunch. The conference is scheduled for Friday, February 27, 8:00 – 4:00pm at St. Mary's Conference Center.

QUALITY ASSURANCE

Iris Center

Corrective Action Update

Program Name: Iris Center

Update

requested by: Health Commission Budget Committee

Date of request: 5/20/03

Information requested: (from HC minutes)	At the time of contract approval, the Budget Committee requested a six-month update report to the CHN JCC regarding Iris Center's reorganization and creation of a new integrated treatment program.
Background:	In fiscal year 01-02, three Iris Center programs: Iris Genesis Dual Diagnosis Program, Iris Interlock Intensive Outpatient Program, and Iris Project Outpatient Program, were identified as needing improvement due to an under-delivery of units of service, high client turnover, and a high number of clients leaving treatment early.
Action taken:	Beginning in fiscal year 02-03 the three programs identified as needing improvement were consolidated and restructured as one program, the Iris Project Outpatient Program. The re-organization was undertaken to better meet the needs of clients by increasing the efficiency of limited staff resources. To date, this new model has resulted in a 14.3% increase in units of service delivered (from 85.6% to 99.9%) and a 38.3% decrease in client turnover (from 156.3% to 118%). The number of clients leaving treatment early was unchanged at 55%.
On-going issues:	To improve program completion rates the agency has enhanced the link between its early intervention program and outpatient program. This strategy engages clients in a 10-day pre-treatment program that better prepares them for successful completion of treatment.

Submitted to: CHN JCC February 24, 2004

Contact: Sean Nguyen 255-3505

Date: 2/9/04

Center for Juvenile and Criminal Justice

CORRECTIVE ACTION UPDATE

Program Name: Center for Juvenile and Criminal Justice

Update requested by: Health Commission Budget Committee

Date of request: December 2, 2003

Information requested: (from HC minutes)	At the time of CJCJ's retroactive contract renewal request, the Health Commission Budget Committee requested a follow-up report addressing the lateness of audits. The committee requested the report be submitted upon the completion of the FY 02 audit that was due in December 02 but had yet to be completed.
Background:	CJCJ reported that due to management staff turnover they were having difficulty meeting audit and other report submission deadlines. A review of report submissions revealed the Annual Cost Report was submitted more than a month late and required clarification, the annual independent audits for FY 00-01 and 01-02 were both received more than a month late, and the current FY 02-03 audit was more than a month late with completion not expected until March 2004. Two other reports were also identified as delinquent; they were the Annual Cultural Competence Plan and the Site Specific Emergency Response Plan.
Action taken:	To address this issue, CJCJ hired new staff to complete the backlog of delinquent reports, oversee and coordinate the completion and submission of future reports, and to monitor contract compliance. Currently they are working to complete the FY 02-03 audit that is expected to be completed by March.
On-going issues:	CJCJ's Contract Manager is continuing to monitor the progress of report submission to ensure that the problem has been adequately addressed and will not re-occur.

Submitted to: CHN JCC February 24, 2004

Contact: Rudy Aguilar 255-3514

Date: 2/11/04

Commissioners' Comments

- Commissioner Chow commended SFGH for having a lower diversion rate than in December 2002, particularly considering that the hospital had the same crowded conditions this year. He asked if SFGH is sending patients to the McMillan Center. Ms. O'Connell said that the Emergency Department staff is aware of this resource. She initially wanted to be sure the McMillan Center was available to private hospitals. Ms. Garcia said the CHN JCC would be getting an update at its April meeting. Commissioner Chow asked for a copy of any information distributed during the Post Traumatic Slave Syndrome presentation at the African American Issues in Mental Health VII annual event.

- With regard to the Quality Assurance reports Commissioner Guy and Commissioner Chow asked for an update on the Iris Center in three months. Ms. Garcia said she would update the CHN JCC next month on whether CJCJ completed its audit. Commissioner Guy and Commissioner Chow agreed that representatives from agencies being reviewed would be asked to come to the JCC on a case-by-case basis, specifically if the Budget Committee asked for a representative or if the staff recommends it.

4) SFGH REBUILD UPDATE

Gene O'Connell, SFGHMC Executive Administrator, presented an update on the SFGH Rebuild. She distributed a copy of the Work Plan (Attachment A). She said that Anchen & Allen are still working out the detail of alternative R-1, which was recently added. This will be presented at the next SFGH Rebuild Steering Committee meeting. Alternative A-2, Rebuild at Potrero on the Front Lawn, was removed from consideration because it was infeasible. Ms. O'Connell said that the option to co-locate with UCSF at Mission Bay is under consideration again. Dr. Katz has met with Dean Kessler, the new dean of the UCSF Medical School. Dean Kessler is serious about exploring this option.

Commissioners' Comments

- Commissioner Chow is pleased at the commitment by UC to be responsible for research facilities. He acknowledged Dr. Sue Carlisle for her advocacy in this area.
- Commissioner Guy is pleased that UC has reconsidered its previous position and is now willing to evaluate co-locating with SFGH at Mission Bay. If UC is serious about being truly engaged in this process, it makes it less critical that the bond be before the voters this November. Ms. O'Connell expressed concern that the legislative deadline for rebuilding the hospital has not changed.

5) EMERGING ISSUES


None.

6) PUBLIC COMMENTS

None.

7) ADJOURNMENT

The meeting was adjourned at 4:25 p.m.



Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

Rebuild SFGH Work Plan (updated 2/19/04)

Date, Time, Location	Meeting	
1/5/04 3:30 – 5:30 PM 2789 25 th Street Room 2001	<i>Rebuild Steering Committee</i>	
	▪ Agree on Rebuild Planning Assumptions.	Completed
	▪ Agree on Rebuild Steering Committee Roles and Responsibilities.	Completed
	▪ Agree on Rebuild Steering Committee Process.	Completed
	▪ Agree on Rebuild Work Plan.	Completed
	▪ Review Rebuild location options.	Completed
	▪ Review	Completed
	○ Pros and Cons of threshold issues	Completed
	○ Additional threshold questions	Completed
1/13/04 3:45 – 5:30 PM SFGH Main Bldg, Rm 2A6	<i>SFGH – JCC</i>	
	Inform Joint Conference Committee and seek input on process, options, pros and cons, data needs.	Completed
1/14/04 6-8 PM 2789 25 th Street Room 2001	<i>Neighborhood Meeting</i>	Completed
	▪ Update Community on progress on Rebuild Steering Committee work.	Completed
	▪ Seek input for Steering Committee.	Completed
	▪ Follow-up	
	○ Add Teen Meeting	(scheduled for 2/18/04)
	○ Contact Community Groups	In Progress
1/26/04 3:30 – 5:30 PM 2789 25 th Street Room 2003	○ Update Website	Completed
	<i>Rebuild Steering Committee</i>	
	▪ Review new information/data.	Completed
	○ Legal opinion about using UMB money for acute hospital.	Completed
	○ Landmark preservation process for unreimbursed masonry buildings.	Completed
	○ Update on peer review of the original structural engineering analysis of existing hospital.	Completed
	▪ Review updated threshold issues pros and cons.	F/U @ next meeting
	▪ Discussion and Vote on size recommendation for Rebuild of SFGH.	Completed
	▪ Discussion and Vote on recommended continued use of current psychiatric wards on Potrero campus.	Completed
	▪ Discussion and Vote on recommended use of SNF beds.	Completed
	▪ Give update on community input from Neighborhood Meeting.	Completed

1/27/04 5 – 7 PM 2789 25 th Street Room 2001	<i>Combined Advisory Committee</i>	
	▪ Update broader advisory group on progress of Rebuild Steering Committee work.	Completed
	▪ Seek input for Steering Committee.	Completed
1/28/04 3 – 5 PM 2789 25 th Street Room 2001	<i>CHN – JCC</i>	
	▪ Inform Joint Conference Committee and seek input, options, pros and cons, data needs.	Completed
2/9/04 3:30 – 5:30 PM 2789 25 th Street Room 2003	<i>Rebuild Steering Committee</i>	
	▪ Review new information data. o Trauma Tower Retrofit-Rebuild Option (A-3)	Completed
	▪ Review updated threshold issues and information sheets.	Completed
	▪ Review option for co-location with UCSF Women's, Children's, Oncology Hospital (B-2).	Completed
	▪ Discussion and vote to exclude Front Lawn Option (A-2) from further consideration.	Completed
	▪ Provide Update on Meetings.	Completed
2/10/04 3:45 – 5:30 PM SFGH Main Bldg, Rm 2A6	<i>SFGH – JCC</i>	
	▪ Inform Joint Conference Committee and seek input on process, options, pros and cons, data needs.	Completed
2/11/04 6-8 PM 2789 25 th Street Room 2001	<i>Neighborhood Meeting</i>	
	▪ Update Community on progress of Rebuild Steering Committee work.	Completed
	▪ Seek input for Steering Committee.	Completed
2/12/04 5:30 PM 255 Channel Street	<i>Mission Bay Redevelopment Community Advisory Committee Meeting</i>	
	▪ Present Rebuild concept options.	Completed
	▪ Seek input for Steering Committee.	Completed
2/18/04 4:30-6 PM 2789 25 th Street Room 2003	<i>Youth Rebuild Meeting co-sponsored by Mission Neighborhood Centers</i>	
	▪ Give a youth-friendly presentation on the rebuild.	Completed
	▪ Seek youth input for Steering Committee.	
2/23/04 3:30 – 5:30 PM 2789 25 th Street Room 2001	<i>Rebuild Steering Committee</i> *CANCELLED*	
	▪ Further refinement of options.	
	▪ Review new information data.	
	▪ Review updated threshold issues and information sheets.	
2/24/04 3 – 5 PM 2789 25 th Street Room 2001	<i>CHN – JCC</i>	
	▪ Inform Joint Conference Committee and seek input, options, pros and cons, data needs.	

3/1/04 3:30 – 5:30 PM 2789 25 th Street Room 2001	<i>Rebuild Steering Committee</i> ▪ Presentation of Concept R-1 by Anshen and Allen ▪ Discussion and Vote on site options.	
3/4/04 5 – 7 PM 2789 25 th Street Room 2001	<i>Combined Advisory Committee</i> ▪ Update Community on progress on Rebuild Steering Committee work.	
3/10/04 6-8 PM 2789 25 th Street Room 2001	<i>Neighborhood Meeting</i> ▪ Update Community on progress of Rebuild Steering Committee work. ▪ Seek input for Steering Committee.	
3/15/04 3:30 – 5:30 PM 2789 25 th Street Room 2001	<i>Rebuild Steering Committee</i> ▪ Review Bond Report.	
3/16/04 3 – 5 PM 101 Grove Street Room 300	<i>Health Commission</i> ▪ Vote on Forwarding Bond to CIAC.	

<i>Bond Approval Process</i>	
Wednesday 3/17/04 - 4/15/04	CIAC Initial Public Hearing
Friday 4/16/04	Bond Report Final CIAC Submittal
Monday 4/19/04 - 4/30/04	CIAC Final Public Hearing
Thursday 4/22/04 - 5/5/04	Resolution introduced to BOS
Thursday 5/6/04 - 5/14/04	Referral to Controller
Monday 5/17/04 - 6/7/04	CIAC Written Okay to Board
Monday 5/24/04 - 5/28/04	Resolution Adopted by BOS
Monday 5/31/04 - 7/23/04	Ordinance by BOS
Tuesday 1/2/04	Election

San Francisco General Hospital Medical Center (SFGHMC) Rebuild

Rebuild Planning Assumptions

1. SFGHMC will be rebuilt by 2013, or close by 2008.
2. The General Obligation Bond will be recommended to be placed on the November 2004 ballot (requires the approval of the Health Commission, CIAC, Board of Supervisors, and Mayor).

Financial Constraint

1. The total General Obligation Bond will be no more than \$550 million

Rebuild Steering Committee

Roles and Responsibilities

Rebuild Steering Committee will have a consensus process designed to produce a final recommendation to the Combined Advisory Committee and to the Health Commission by February 23rd, 2004.

Minimum elements of recommendations:

1. Site proposal (which may include an option of switching sites under specified circumstances)
2. Total number of beds, plus or minus 10 beds.
3. Location of Acute Psychiatry ward.
4. Configuration of Obstetrics and Pediatrics.

Consensus process:

- Identify issues first.
- Answer questions with data when possible.
- Recommendations by vote with minority reports, if necessary.

Rebuild Location Options

Concept A-1 – Rebuild to the north of the existing acute care hospital on Potrero

- 267 beds in new hospital
- 100 acute psych beds in Building 5 (current acute care hospital)
- Upgrade and partial renovation of Building 5
- Demolition of M wing and Building 100
- Upgrade and renovation of Buildings 10/20 and 30/40 for clinics and research space

Concept A-2 – Rebuild on the front lawn of the existing acute care hospital on Potrero

- 267 beds in new hospital
- 100 acute psych beds in Building 5 (existing acute care hospital)
- Upgrade and full renovation of Building 5
- Upgrade, renovation, and incorporation of Buildings 10/20 and 30/40 into hospital beds
- No Demolition of M Wing or Building 100

Concept B-1 – Rebuild at a site in Mission Bay

- New acute care hospital at Mission Bay
- 278 beds in new hospital
- 100 acute psych nursing beds at Potrero
- Exact site to be determined

General Obligation Bond Options (2004)

- Build at Potrero Site
- Build at Potrero site unless, under specified conditions, the Board of Supervisors/Mayor determines that Mission Bay is superior based on EIRs and relocation plans of UCSF Medical Center

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W.
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, March 30, 2004*

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #2003
San Francisco, CA 94110

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***PLEASE NOTE CHANGE IN DATE AND ROOM NUMBER**

Commissioner Edward A. Chow, M.D., Chair
Commissioner Michael L. Penn, Jr., MD, PhD, Member
Commissioner David J. Sánchez, Jr., Ph.D., Member

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE MEETING OF
FEBRUARY 24, 2004**

**Minutes of February 24, 2004*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Health Network,
Community Programs)
(Activities and Operations of Community Health Network)
**Report*

- 4) FOR DISCUSSION: BEHAVIORAL HEALTH INTEGRATION UPDATE
(Bob P. Cabaj, MD, Director, Community Behavioral Health Services)
**Update*
- 5) EMERGING ISSUES
- 6) PUBLIC COMMENTS**
- 7) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code §2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

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JOINT CONFERENCE COMMITTEE FOR

COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, March 30, 2004

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #201
San Francisco, CA 94110

1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner David J. Sánchez, Jr., Ph.D.

Absent: Commissioner Michael L. Penn, Jr., M.D., Ph.D.

Staff: Bob Cabaj, M.D., Larry Funk, Maria X. Martinez, Gene
O'Connell, Gregg Sass, Jim Stillwell and Linda Wang.

2) APPROVAL OF MINUTES FOR THE MEETING OF FEBRUARY 24, 2004

Action Taken: The Committee approved the minutes of the February 24, 2004
Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Gene O'Connell, SFGHMC Hospital Administrator, presented the Secretary's Report.

Staff Update

Barry Zevin Receives Community Hero Award

Dr. Barry Zevin, Medical Director of Tom Waddell Health Center, is being recognized by Saint Francis Memorial Hospital as one of its 2004 Community Heroes. The recognition is accompanied by a \$10,000 award to be donated to Tom Waddell Health Center.

The Community Hero award is given to individuals who go "above and beyond" normal expectations to create a healthier environment for the community served by Saint Francis Memorial Hospital, especially the poor and underserved.

As Medical Director of Tom Waddell Health Center, Dr Zevin has served homeless, indigent and underserved populations for many years. He is recognized as a local and national expert on health care for homeless people, and HIV and hepatitis C care. Dr Zevin was instrumental in founding the first public transgender primary care clinic in the nation, planning and working with the Homeless Death Prevention and HOPE health care teams, collaborating to start the first community based medically supported residential detox program in San Francisco, and planning and implementation of the McMillan Stabilization Pilot Project.

Program Updates

Wellness and Recovery Centers - Peer Component.

As part of the Community Behavioral Health Services (CBHS) Dual Diagnosis SAMHSA grant, peer support interns and funding for peer activities are being provided to four outpatient clinics and one consumer-run self help center. The clinics are: Chinatown North Beach Mental Health Services; Sunset Mental Health Services; Hyde Street Recovery Center; Bayview Intensive Case Management Program; and Spiritmenders, a program of the San Francisco Client Network, which is completely consumer-run.

Cultural Exchange Program

The South of Market Mental Health Center has been asked for a second year to participate in an educational cross-cultural exchange sponsored by Stanford University for 30 Japanese medical students in their 3rd and 4th year of residency. It was held in the afternoon of March 22, 2004. Their aim is to expose the participants to cross-cultural issues in health care and to explore differences in medical care between Japan and America in particular. The South of Market Mental Health Center was selected to represent a community based mental health clinic serving an inner city population and for its specialty programs serving the Filipino community and the homeless mentally ill population. Dr. Steven Wozniak and Carey Martin, Nurse Practitioner, hosted the site visit.

San Francisco General Hospital Diversion Report

The Emergency Department (ED) recorded 36 episodes of diversion for 167 hours representing a rate of 24.0% in February 2004. There was a 4.0% increase in diversion since January 2004.

The 36 episodes of diversion are categorized as follows:

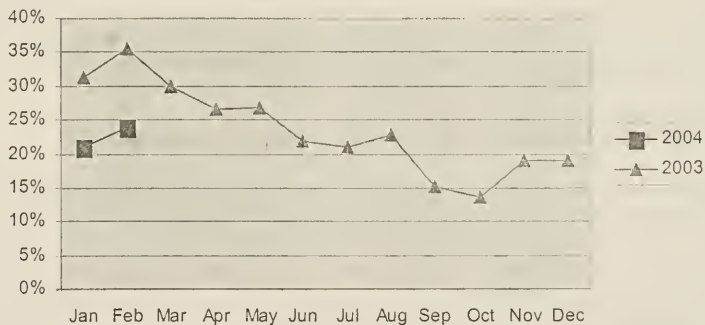
<u>Diversion Type</u>	<u>Number of Episodes</u>	<u>Hours</u>	<u>Rate</u>	<u>% Change from Previous Month</u>
Total Diversion	36	167	24.0%	4.0%
Trauma Override	7	29	4.2%	0.2%

The ED was impacted by capacity and high patient acuity during the 36 episodes of Total Diversion and Trauma Override. During this time, 321 patients were pending admission to inpatient beds (ICU-21, 4B/StepDown-120, MedSurg-180). In February 2003, the ED was on Total Diversion 35.6% of the month. Trauma Override was invoked 5.2% of the month in February 2003.

Total Diversion was recorded for 36 episodes, a total of 167 hours or a 24.0% rate for February 2004, and a 4.0% increase in Total Diversion since January 2004. While on Total Diversion the ED held 321 patients in February 2004. While on Total Diversion in February 2003, the ED held 353 patients awaiting inpatient beds.

Trauma Override was recorded for 7 episodes, a total of 29.0 hours or a 4.2% rate for February 2004. This is a 0.2% increase in Trauma Override since January 2004. While on Trauma Override the ED held 55 patients in February 2004. While on Trauma Override in February 2003, the ED held 99 patients awaiting inpatient beds.

SFGH ED DIVERSION RATE 2003-2004



Events, Trainings and Presentations

McMillan Stabilization Center Open House

The San Francisco Public Health and Fire Departments along with Community Awareness and Treatment Services (CATS) are hosting a 3-day Open House from April 5 – 7 for the McMillan Stabilization Pilot Project. Invitation has been extended to citywide paramedics and emergency room physicians. The purpose of the Open House is to promote better understanding of the McMillan Stabilization Project as well as to encourage utilization.

Public Health Week activities April 5 – 11, 2004

The Department of Public Health will observe National Public Health Week April 5–11th. The theme this year is: “Eliminating Health Disparities, Communities Moving from Statistics to Solutions”. Planned activities include two Brown Bag Lunch presentations, one by Sandra Hernandez, M.D., Executive Director of the San Francisco Foundation and former Director of Health of the San Francisco Department of Public Health, and one by Kevin Grumbach, M.D., Director, Family and Community Medicine at SFGH. Both will speak to varying aspects of health disparities in San Francisco. In addition, the Health Education Training Center will present a session on “A Public Health Approach to Health Disparities” and Barbara Garcia, Director of Community Programs will host her annual Brown Bag lunch series of informational sessions for staff. For further information contact Carolyn Lieber at 255-3470 or via email at: carolyn.lieber@sfdph.org.

HIV/AIDS and Crystal Meth Conference

On April 1, the San Francisco Department of Public Health will co-sponsor a conference entitled “HIV/AIDS and Crystal Meth: Treatment Interventions that Work”. The purpose of the conference is to educate health service providers on the impact of increased HIV infection as a result of crystal meth use, especially in the LGBT community. It will also provide prevention and treatment strategies for this population. CEU and CME credits will be available, and will include CAADAC accreditation. For further information contact Junko Craft at 255-3620.

On the Frontlines: Violence, Gangs and Turfs Conference

Sfgangfree.org and SFDPH will co-sponsor a symposium to educate and unite communities by providing opportunities for all systems, agencies and individuals that impact gangs to build relationships, find common ground and learn from each other in an environment of mutual respect. Representatives from community-based organizations, law enforcement, courts, government agencies, probation, schools and communities have been invited. A diverse collection of over 60 presenters will use their experience, both professional and personal, to help us understand the nature of gangs in San Francisco, what resources are available and how we can successfully reduce violence and improve the quality of life for all San Francisco residents. For further information contact: www.sfgangfree.org.

QUALITY ASSURANCE

Maria Martinez, Deputy Director, Community Programs, gave the Quality Assurance Update on Jelani House.

CORRECTIVE ACTION UPDATE

Program Name: Jelani, Inc.

Update Requested By: CHN Joint Conference Committee

Date of Request: Update for May 30, 2004 CHN JCC Meeting

Background	Jelani, Inc. is a non-profit organization providing substance abuse, mental health, parenting and domestic violence education, relapse prevention, basic life skills training with a focus on family stability to women, men, and their families. Jelani, Inc.'s one outpatient program and four residential treatment programs are located in the southeast corridor of the City.
Information Requested	At the Health Commission Budget meeting on May 20, 2003, a review of the monitoring reports for FY0203 contract modification and FY0304 contract renewal revealed Jelani, Inc.'s programs had not met their contractual program performance goals (for FY0102 and FY0203); specifically, Units of Service, Length of Stay, and Successful Completion Goals. The Health Commission Budget Committee approved the contracts with the recommendation that a program performance update be given to the JCC in six months.

<p>Corrective Action Background</p>	<p>Monitoring Report for Contract Performance FY 2001-02</p> <ol style="list-style-type: none"> 1. The <i>Jelani Outpatient Program</i> did not meet either their contractual goal of 70% for Unduplicated Women Clients or their contractual goal of 50% for Successful Completion goal for discharged clients in their monitoring reports of Fiscal Year 0102. 2. <i>Jelani House Residential, Newhall Manor and From Start to Finish Programs</i> also had difficulty meeting their Units of Service and Unduplicated Client contractual goals. 3. The <i>From Start to Finish Program</i> also hadn't provided current DADP licensing and certification renewal documents. 4. The <i>Rights of Passage Program</i> did not meet their Units of Service contractual goals, had quality assurance issues with their children's charts, had not provided current DADP licensing and certification renewal documents, and their "Discharge Summary" form did not meet the DADP standards. <p>Changes Incorporated Into FY 2002-03 Contract</p> <ol style="list-style-type: none"> 1. DPH reduced the "Successful Completion Goals" in all Jelani Inc programs to 40% 2. DPH reduced the expected average Length of Stay in all but the <i>Jelani Outpatient Program</i> 3. Jelani Inc. redesigned programs to reflect shorter length of stay <p>In addition, Jelani agreed to:</p> <ol style="list-style-type: none"> 4. Provide current DADP licensing and certification renewal documents for two programs. <i>From Start to Finish</i> and <i>Rights of Passage</i> (done) 5. Child Development Specialist to perform monthly Quality Assurance on the <i>Rights of Passage Program</i> to improve charting in children's charts (done) <p>Monitoring Report for Contract Performance FY0203</p> <ol style="list-style-type: none"> 1. The overall program performance scores for <i>Newhall Manor, From Start to Finish and Rights of Passage</i> were below standard. 2. All Jelani, Inc. programs had provided services to almost twice as many unduplicated clients as were contracted for, reflecting a shorter length of stay than agreed to. 3. <i>Jelani Outpatient and Jelani House Residential</i> programs met their contractual goals for Units of Service. The <i>Newhall Manor, Start to Finish and Rights of Passage</i> programs continue to fall short of their contract goals for Units of Service. 4. <i>Newhall Manor, Jelani House Residential and the Rites of Passage</i> programs met their contractual goals for Successful Completion. The <i>Jelani Outpatient and From Start to Finish</i> continue to fall short of their contractual goals for Successful Completion.
<p>Ongoing Issues</p>	<p>A Review of the Fiscal Year 2003-04 (July–December) Utilization Data Showed:</p> <ol style="list-style-type: none"> 1. All programs, except for Rights of Passage, met the overall program performance standard. 2. All programs did not meet their contractual goals for unduplicated client counts. Jelani provided services to twice as many clients, reflecting a shorter length of stay than contracted for. 3. All programs, except for Rights of Passage, met their unit of service contractual goals. 4. With the exception of Rights of Passage, Jelani Inc programs met their contractual goals for Successful Completion. <p>DPH staff continues to meet with Jelani Inc and Rights of Passage leadership to address the above issues.</p>
<p>Submitted to:</p>	<p>CHN JCC</p>
<p>Contact:</p>	<p>Jim Stillwell and Maria X. Martincz</p>
	<p>Date: March 22, 2004</p>

Commissioners' Comments

- Commissioner Chow noted that he would like someone from Primary Care to be represented at the CHN JCC. He also wants the Committee to review and perhaps revise the JCC Charter. With regard to the Secretary's Report, Commissioner Chow asked how many interns are in the SAMHSA peer support program. Ms. Wang replied that there are one to two interns at each site. Ms. O'Connell added that peer counselors are used at the MHRF. Commissioner Chow asked what Laguna Honda's census is. Mr. Funk replied that the current census is 1040 with 10 bed holds. Mr. Funk added that they are focusing almost exclusively on SFGH admissions, and are at a 98.7 percent occupancy rate.
- Commissioner Sanchez asked if Jelani still struggles to retain staff. Ms. Martinez said that this challenge exists for all health non-profits. The biggest problem that Jelani brings to DPH's attention is that the program is located in the community that people are trying to escape from. Mr. Stillwell added that there has been some change in clientele, with more people coming from the criminal justice system. Ms. Martinez said that DPH has been willing to renegotiate the program's goals but there are still concerns about length of stay. Commissioner Sanchez asked how long the Department has given the agency to improve performance. Ms. Martinez said staff would make a decision prior to the contract renewal about whether to continue funding for the program.
- Commissioner Chow asked if the total diversion rates noted in the Diversion Report include Trauma Override. Ms. O'Connell believes so, and will confirm this and report back to the Committee.

4) BEHAVIORAL HEALTH INTEGRATION UPDATE

Bob P. Cabaj, MD, Director, Community Behavioral Health Services, presented an update on Behavioral Health Integration (Attachment A).

Commissioners' Comments

- Commissioner Chow asked how the various boards and commissions view the integration. Dr. Cabaj said the Citywide Alcohol Advisory Board has a long, articulate history of separateness. The goal is to combine all the advisory boards into one big board. There are State and local legislative issues around a few of the boards. This is not an easy process. Commissioner Chow appreciates the reminder that so many of DPH's clients have both substance abuse and mental illness. This integration will not be hard on the clients—it will be better service. He asked what the relationship would be with the private practitioners given the budget reduction. Dr. Cabaj said the practitioners' concern is that their clients will be moved into a clinic setting. Some providers will be unhappy with the proposal to only pay private practitioners bilingual pay when clients actually use a different language. Ms. Wang added that the budget cut to the PPN would impact the entire system.
- Commissioner Sanchez said it would be an ongoing challenge to retain quality, culturally competent services with budget reductions. This integration serves as a focal point to explore grants and other extramural funding opportunities.

5) EMERGING ISSUES

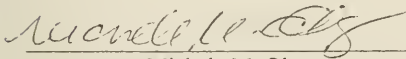
Commissioner Chow asked for an update at a future Joint Conference Committee meeting on the survey done by Services and Advocacy for Asian Youth Consortium's (SAAY) "Moving Beyond Exclusion: Focusing on the Needs of Asian Pacific Islander Youth in San Francisco."

6) PUBLIC COMMENTS

None.

7) ADJOURNMENT

The meeting was adjourned at 4:55 p.m.



Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

Community Behavioral Health Services

Integration Update Report
April 2004

Overview

- Accomplishments
- Challenges
- Timeline

Accomplishments

Executive Team

Executive Team

Challenge

- *Integrate the administrative, clinical and fiscal functions of CMHS and CSAS into a comprehensive behavioral health delivery system by July 1, 2005.*

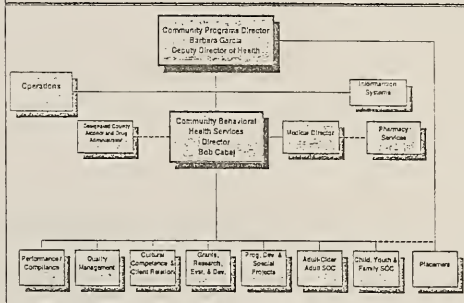
- Developed five-year integration plan
- Presented CBHS annual report to the Health Commission
- Designed and instituted new organizational structure

Executive Team

Challenge—cont.

- *Integrate the administrative, clinical and fiscal functions of CMHS and CSAS into a comprehensive behavioral health delivery system by July 1, 2005.*
- Contracted clinical services consultants
- Oversaw development of one year work plans by functional area
- Oversaw initiation of implementation activities

CBHS Organizational Chart



Accomplishments

Clinical Services

Clinical Services

Challenge 1

- *Create standardized assessment and address differences in policies, procedures and practices*
- Releasing RFP for the development of standardized assessment tool and related policies
- Hired contractors to provide training on integrated assessments and documentation

Clinical Services

Challenge 2

- *Address differences in knowledge, training, skill levels, and licensing requirements*
- Provided administrative cross-training
- Developing cross-training model for line staff

Clinical Services

Challenge 3

- *Create a multi-disciplinary treatment team approach*
- Co-located referral and assessment services
- Integrated MH and SA assessment team functions

Clinical Services


Challenge 4


- *Establish case management standardization and localization*
- Standardizing types of case management and roles of case managers
- Working with the City Attorney's Office to address confidentiality issues


Clinical Services

Challenge 5

- *Maximize Eligibility*
- Providing on-going training to staff on eligibility issues
- Expanding SSL pilot throughout CBHS

 <h2>Accomplishments</h2>
<h3>Client Relations</h3>

	<h2>Client Relations</h2>
<p>Challenge 1</p> <ul style="list-style-type: none">• <i>Improve consumer input</i>	<ul style="list-style-type: none">• Creating integrated MH and Substance Abuse Client Council that will serve in advisory capacity to CBHS• Creating integrated MH and Substance Abuse client involvement activities




Client Relations

Challenge 1—cont.

- *Improve consumer input*

- Conducted survey to broaden use of peers for peer/case management activities

	<h2>Client Relations</h2>
<p>Challenge 2</p> <ul style="list-style-type: none">• <i>Improve client and family-focused system</i>	<ul style="list-style-type: none">• Integrated Family Liaison functions to include MH and SA• Began dialog on how to integrate family focused questions into all assessments and intake protocols

Client Relations

Challenge 3

- *Improve grievance system*
- Investigating the the issues associated with the creation of standardized clients' rights policies and procedures, and a unified complaint/grievance problem resolution process

Client Relations

Challenge 4

- *Work effectively with consumer diversity including identifying leadership*
- Developing new integrated Consumer Guides in 5 languages for CBHS
- Scheduling cross-training of contract and civil service staff in client relations and cultural competency

Accomplishments

Cultural Competence

Cultural Competence

Challenge 1

- *Ensure providers have adequate resources to implement cultural competency at level required*
- Surveying cultural and linguistic capabilities and needs across CBHS
- Developing a cultural competency outreach plan
- Conducting CBHS-wide inventory of resources that can be made available to programs/clients/families

Cultural Competence

Challenge 2

- *Establish standardization in cultural competency requirements*

- Reviewing CBHS programs/services for Cultural Competence compliance
- Working with DPH Cultural Competency Office to create equity in policies and procedures across CBHS

Cultural Competence

Challenge 3

- *Enhance ability to measure what is being done by contractors*

- Developing consistent outcome measures for all CBHS programs
- Integrating data analysis activities across CBHS

Cultural Competence

Challenge 4

- *Enhance effective functioning in a complex community with multi-layered diversity*

- Establishing integrated CBHS Cultural Competence Advisory Committee
- Expanding State DMH mandated Cultural Competency Plan to include SA services

Cultural Competence

Challenge 5

- *Create standardized cultural-competency plan*

- Working with DPH Cultural Competence Office

Cultural Competence

Challenge 6

- Enhance proficiency in cultural competency throughout the department
- Integrating Cultural Competency training requirements/needs across CBHS

Accomplishments

Provider Relations

Provider Relations

Challenge 1

- Improve communications with providers
- integrating the provider complaints/grievance process
- Developing an integrated provider satisfaction survey for use throughout CBHS
- Determining most efficient method of assigning program managers

Provider Relations

Challenge 3

- Create uniformity in contracts between Mental Health and Substance Abuse
- This is an on-going process and is being developed in concert with all other functional areas
- Blended contract document is being developed by the Citywide Task Force

Accomplishments

Quality Management

Quality Management

Challenge 1

- *Establish uniform QM system*

- Began development of centralized QM model February 2004
- Developed scope and definitions of CBHS compliance
- Instituted CBHS Compliance Committee
- Developed CBHS policy development procedure

Quality Management

Challenge 2

- *Address differing State and Federal regulations*

- Working with IS and Billing to comply with varying payor requirements
- Created a CBHS Compliance Committee to oversee regulatory compliance

Quality Management

Challenge 3

- *Standardize civil and contracted services*

- Working with the Community Programs Division to develop a quality management structure and plan.

Quality Management

Challenge 4

- *Establish centralized, uniform risk incident report system*
- Developed centralized, uniform incident reporting, follow-up, and evaluation structure to be implemented by June 2004

Quality Management

Challenge 5

- *Strengthen connection between QM and contract development*
- Addressing definitions and standardization of outcomes across CBHS
- Developing integrated database to track and trend incidences
- Developing quality measures and indicators of program performance

Accomplishments

Placement

Placement

Challenge 1

- *Address differences in funding and limitations in providing care for specific populations*
- Investigating opportunities for revenue enhancement
- Stationed CBHS eligibility staff at SFGH to increase number of clients being eligibilized when released
- Transitioned staff to civil service to increase reimbursable assessments

Placement

Challenge 2

- *Address differences in placement control*
- Centralized MH and SA assessments and placement authorizations
- Working towards integrating SA and MH assessment instruments wherever possible

Placement

Challenge 3

- *Address issues related to the large number of organizations providing placements and operating independently*
- Working to develop universal assessment
- Expanding UR and placement support throughout system
- Developed integrated objectives for RCF MOUs—working with contractors to develop objectives for Residential Treatment

Placement

Challenge 4

- *Develop system-wide standards for appropriate use of different levels of care and centrally control the use of placement resources*
- Matching civil service and contract staff roles and responsibilities through licensing and certification
- Centralizing access to DPH funded SA and MH beds
- Working towards implementing LOCUS throughout continuum

Accomplishments

Evaluation

Evaluation

Challenge 1 & 2

- *Improve ability to evaluate effectiveness of programs*
- *Improve ability to get and use evaluation data*
- Identified activities to develop core client outcomes
- Identified activities to create a tracking system to monitor clients over time

Evaluation

Challenge 1 & 2—cont.

- *Improve ability to evaluate effectiveness of programs*
- *Improve ability to get and use evaluation data*
- Identified activities to integrate program evaluation into the administrative structure of programs
- Identified activities to respond to DPH needs for client, program, and/or organizational data

Evaluation

Challenge 1 & 2—cont.

- *Improve ability to evaluate effectiveness of programs*
- *Improve ability to get and use evaluation data*
- Identified activities to enhance the use of research and evaluation findings in informing quality improvement

Evaluation

Challenge 3 & 4

- *Increase utilization of evaluation to create best practices and inform future contract decisions*
- *Increase use of evaluation to inform future contract agreements*
- Developed plan to provide information on best practices in clinics including designing trainings to meet the needs of providers
- Developed plan to create a web-site to facilitate data requests and inform data use

Evaluation

Challenge 3 & 4—cont.

- *Increase utilization of evaluation to create best practices and inform future contract decisions*
- *Increase use of evaluation to inform future contract agreements*
- Developed plan to identify CBHS assessment and evaluation priorities

Accomplishments

Research

Research

Challenge 1

- *Provide support to our professionals in the field and expand the usefulness of research*
- Expanding stakeholder meeting to include all CBHS providers
- Developed plan to create formal collaboration mechanism in DPH
- Developed plan to assist providers in agency initiated research and evaluation projects

Research

Challenge 1—cont.

- *Provide support to our professionals in the field and expand the usefulness of research*
- Developing process to identify and prioritize research interests

Research

Challenge 2

- *Seek funding for research opportunities*
- Identified activities to coordinate and develop epidemiological studies relevant to CBHS needs
- Developing formal process for working with consultants on grant applications
- Developed plan to collaborate with academia on grants to support DPH goals

Research

Challenge 2—ccnt.

- *Seek funding for research opportunities*
- Developed plan to assist providers in identifying and responding to grant funding opportunities

Research

Challenge 3

- *Make research user-friendly and useful to communities being investigated*
- Challenge being addressed in evaluation section and by the DPH Data Governance Committee



Accomplishments

Grant Development

Grant Development

Challenge 1-3

- *Develop coordinated, centralized grant identification and development activities*
- *Develop focused grant planning*
- *Identify staff and funding for grant identification/writing activities*
- Developed plan to address challenges but activities are not feasible at this time

Accomplishments

IS and Billing

IS and Billing

Background

- *The work of this committee was scheduled to begin after all other committees had identified their recommendations*
- Committee began meeting February 2004
- Committee will continue to meet through 2004 to develop IS recommendations for integration
- Currently reviewing IS needs identified in the integration plan by other functional committees

Next Steps

2004 - 2005

Challenges

- Truly integrating two separate entities
- Adjusting resistance to changing clinical approaches
- Addressing different levels of licensure and credentialing
- Maximizing revenues within resource constraints
- Keeping systems consumer friendly and welcoming in the face of resource limitations

Timeline

Re-assign staff to new integrated positions	Completed
Cross-train Civil Service and contracted staff	March 2004 - June 2005
Integrate Clinical Services	October 2004
Integrate Billing and IS functions	October 2004
Evaluate what resources may need to be added or re-deployed	On-going
Fully integrate SA and MH system (CBHS)	July 2005

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W.
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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AGENDA

**JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING**

DOCUMENTS DEPT.

APR 26 2004

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, April 27, 2004

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #2001
San Francisco, CA 94110

04-25-04 410-70 10V

Commissioner Edward A. Chow, M.D., Chair
Commissioner Michael L. Penn, Jr., MD, PhD, Member
Commissioner David J. Sánchez, Jr., Ph.D., Member

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES FOR THE MEETING OF MARCH 30, 2004**
**Minutes of March 30, 2004*

3) **FOR DISCUSSION:** **CHN SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director, Community Health Network, Community Programs)
(Activities and Operations of Community Health Network)
**Report*

4) **FOR DISCUSSION:** **MENTAL HEALTH REHABILITATION FACILITY UPDATE**
(Gene O'Connell, Executive Administrator, SFGHMC)
**Update*

- 5) FOR DISCUSSION: MATERNAL CHILD HEALTH REPORT: INTEGRATION AND SCHOOL-LINKED SERVICES
(Mildred Crear, Director, Community Health Services, Maternal and Child Health Section)
**Update*
- 6) EMERGING ISSUES
- 7) PUBLIC COMMENTS**
- 8) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines #9 *San Bruno*, #9X *San Bruno Express*, #19 *Polk* (stops 2 blocks away), #33 *Haight Ashbury*, and #48 *Quintara*. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may

order the removal from the meeting room of any person(s) responsible for the ringing or use of cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code §2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

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MAY 25 2004

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MINUTES
JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, April 27, 2004
3:00 p.m. – 5:00 p.m.
at
Community Health Network Building
2789 – 25th Street (at Potrero), Room #2001
San Francisco, CA 94110

1) **CALL TO ORDER**

Commissioner Chow called the meeting to order at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson

Absent: Commissioner Michael L. Penn, Jr., M.D., Ph.D.
Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Mildred Crear, Larry Funk, Barbara Garcia, Kathy Jung, Sharon
McCole Wicher, Anson Moon, Gene O'Connell, Gregg Sass,
Hiroshi Tokubo, Philip Ziring, M.D.

APPROVAL OF MINUTES FOR THE MEETING OF MARCH 30, 2004

Action Taken: The Committee approved the minutes of the March 30, 2004
Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director of Public Health, presented the Secretary's Report.

STAFF UPDATES

Laura Brainin-Rodriguez Featured in Univision PSA

As part of Univision's health education campaign: "*Enterate: Salud es Vida*" ("Get the Facts: Health is Life".) Laura Brainin-Rodriguez, Coordinator of the Feeling Good Project in Nutrition Services was featured in one of four PSA's addressing the issue of obesity and promoting a healthy diet and physical activity

Univision is the leading Hispanic media company in the United States. They inform and entertain more of the Latino population through television, radio, Internet, and music than any other media company in the U.S. Each day they reach more Latinos than ABC, CBS, NBC, Fox and Telemundo combined.

The PSA was aired 12 times a week for five weeks beginning in March, for a total of 60 times, reaching thousands of viewers each time.

PROGRAM UPDATES

Homeless Street Outreach

Community Programs is working with DHS to create a "Homeless Street Outreach" team to seek out the most vulnerable homeless individuals and assist them with accessing housing and services including substance abuse, mental health, and medical services.

This plan seeks to create a homeless street outreach team consisting of the CBHS Dual Diagnosis Consultation Team, Department of Human Services homeless outreach workers, and outreach workers from CATS Mobile Assistance Patrol. The outreach team will eventually have 15 members. The team will begin doing street outreach in May, and will initially focus its efforts in the "Central City" area.

Vocational Rehabilitation and Employment Support

The CBHS Vocational Services Committee, with the help of Dr. Saumitra SenGupta and Erin Pirkle, recently completed a review of CBHS client service utilization and cost of service for one year pre- and post- enrollment in vocational rehabilitation (VR) and employment support services (ESS). The results indicate significant reduction in cost and utilization of high intensity services including crisis, acute inpatient and long-term care for clients enrolled in VR and ESS. This is accompanied by a corresponding increase in the use of community mental health outpatient services indicating a continued stability for the VR and ESS clients.

San Francisco General Hospital Diversion Report

The Emergency Department [ED] recorded 36 episodes of diversion for 101 hours representing a rate of 13% in (March) 2004. This is an 11% decrease in diversion since February 2004.

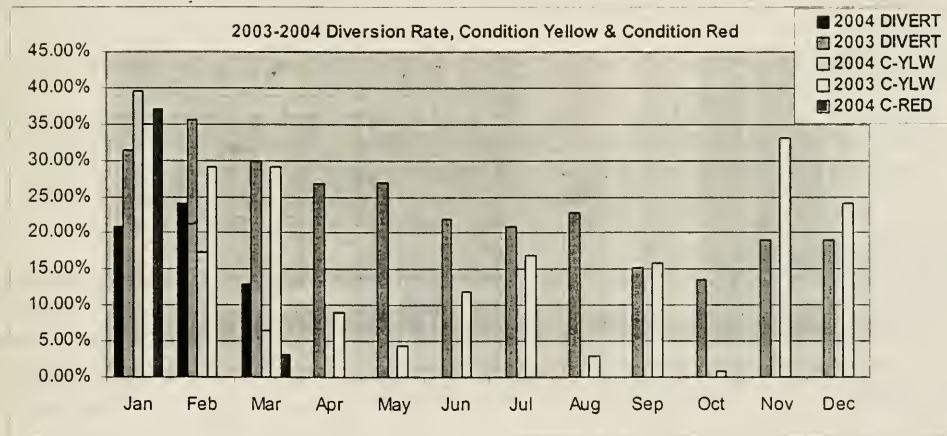
The 36 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	36	101	13%	11%
Trauma Override	8	33.5	4.5%	0.3%

The ED was impacted by capacity and high patient acuity during the 36 episodes of Total Diversion and Trauma Override. During this time, 224 patients were pending admission to inpatient beds (ICU-24, 4B/StepDown-65, MedSurg-135). In March 2003, the ED was on Total Diversion 30% of the month. Trauma Override was invoked 7.1% of the month in March 2003.

Total Diversion was recorded for 36 episodes, a total of 101 hours or a 13% rate for March 2004, an 11% decrease in Total Diversion since February 2004. While on Total Diversion the ED held 224 patients in March 2004. While on Total Diversion in March 2003, the ED held 213 patients awaiting inpatient beds.

Trauma Override was recorded for 8 episodes, a total of 33.5 hours or a 4.5% rate for March 2004. This is a 0.3% decrease in Trauma Override since February 2004. While on Trauma Override the ED held 68 patients in March 2004. While on Trauma Override in March 2003, the ED held 153 patients awaiting inpatient beds.



Community and Home Injury Prevention Program for Seniors

The Community and Home Injury Prevention Program for Seniors (CHIPPS) was part of an invited presentation to almost 200 participants in an all-day workshop at the American Society on Aging Annual Meeting in San Francisco on April 15, 2004. The Special Program, entitled "Fall Prevention: A National, State, and Local Perspective" included speakers from CDC, the California Department of Health Services and several university research centers

CHIPPS was also selected to be part of a National Conference Call on Injury Prevention for the Elderly co-sponsored by the National Association of County and City Health Officials and the Association of State and Territorial Health Officials (NACCHO-ASTHO). The Conference Call will take place on May 12th at 3 PM EDT.

EVENTS, TRAININGS AND PRESENTATIONS

McMillan Stabilization Pilot Project Open House

The San Francisco Department of Public Health and San Francisco Fire Department along with Community Awareness and Treatment Services (CATS) hosted a 3-day Open House April 5 – 7 for the McMillan Stabilization Pilot Project. Invitations were extended citywide to paramedics and emergency room physicians. The purpose of the Open House was to promote better understanding of the McMillan Stabilization Project and encourage utilization.

CBHS Annual Client Council Retreat

Community Behavioral Health Services held its annual Client Council Retreat On April 7, 2004. The retreat was attended by consumers, providers, and CBHS staff and included a skills workshop on networking and team building, clients' vision and perspectives of the Client Council, an overview of changes in the problem resolution/grievance process, and a discussion of the use of peer support and peer case management in CBHS. A complete report of this Client Council Retreat will be available in June 2004.

Psychiatric Collaboration for Employment Success Conference

Community Behavioral Health Services (CBHS) and the Vocational Task Force sponsored a conference on Friday, April 23, 2004, entitled "*Psychiatric Collaboration for Employment Success: Overcoming the Barriers*". The conference was held from 8:30 a.m. to 4:30 p.m. at Fort Mason Conference Center, San Francisco. Dr. Mark Ragins, Medical Director of the Long Beach Integrated Service Agency, was the featured speaker. Dr. Ragins has worked for the Village, a nationally recognized model for recovery-based mental health care since 1990. The conference provided strategies to improve employment outcomes for clients who are seriously mentally ill. Dr. Ragins discussed the connection between behavioral health treatment goals with client employment goals. The conference also addressed the role of vocational services within the behavioral health system. Participants gained a better understanding of how consumers involved with employment and vocational training and services can significantly reduce the use of acute/crisis services.

Public Health Week Activities

Public Health Week was observed this year April 5 – 11 with a focus on eliminating health disparities. Activities for this year's observance included a presentation by Dr. Kevin Grumbach on Cultural Competency in the Health Professions, a presentation by Dr. Sandra Hernandez on Health Disparities in San Francisco, and a skills workshop presented by the Health Education and Training Center entitled "*A Public Health Approach to Health Disparities.*"

Residential Care Conference

A "Residential Care Conference," was scheduled for Friday, April 23, from 8:30 a.m. - 4:30 p.m. at St. Mary's Conference Center, 1111 Gough Street at Geary. Barbara Garcia, Bob Cabaj, M.D. and Marc Trotz served as speakers and panelists. The conference addressed the complex mental health needs of adult and geriatric residents and their families. The event was co-sponsored by Family Service Agency, Community Behavioral Health Services and a number of other related agencies.

2004 Consumer and Family Mental Health Fair

CBHS salutes May as Mental Health Month with its 3rd Annual Consumer and Family Mental Health Fair at the San Francisco Main Library, Lower level, held on Monday, May 24, 2004, 12 a.m. to 4:00 p.m. There were free refreshments, entertainment, videos on various mental health topics, and

information booths representing consumer and family self-help organizations and mental health and substance abuse programs from throughout the City.

Chinese Community Health Summit

Community Behavioral Health services is a major co-sponsor of the upcoming Chinese Community Health Summit on Wednesday, May 26, 2004 between 8:00 a.m. and 4:30 p.m. at the Holiday Inn Golden Gateway at 1500 Van Ness Avenue. The Summit is organized by NICOS Chinese Health Coalition, and is a full day event focused on developing strategies to address health care access and prevention needs of San Francisco's Chinese community.

Lesbian Mental Health Conference

Community Behavioral Health Services (CBHS) is sponsoring a conference entitled, "SF LGBT Pride Celebration: Current Challenges in Lesbian Mental Health," on Friday, June 25. This conference will be of particular interest to Primary Care providers as well as other DPH staff working in the field of mental health.

QUALITY ASSURANCE

Haight Ashbury Free Clinics, Inc.

CORRECTIVE ACTION/INFORMATION UPDATE

Program Name:	Haight Asbury Free Clinics, Inc.	
Contract Amount:	\$5,068,573	Date for HC Renewal Approval: July 1, 2004
Update requested by:	CHN-JCC	
Date of request:	April 19, 2004	

Description of agency	The Haight Asbury Free Clinics, Inc., is a multi-disciplinary clinic; SFDPH funds the substance abuse portion, which consists of more than 12 individual programs focusing on various segments of the San Francisco community. They provide Women's Residential Detoxification, Outpatient, Residential, Drop-in, and Outpatient Detoxification.
Information requested: (from HC minutes)	CHN JCC Commissioners requested a six-month update on four Haight Ashbury Free Clinic, Inc. substance abuse programs (OSHUN Outpatient, BASN Outpatient, Glide Outpatient, and Center for Recovery Residential) that had received poor performance ratings in their FY 01-02 monitoring reports.
Corrective Action Background:	The contract renewal of November 2003 evidenced poor performance in four Haight Ashbury Free Clinics, Inc. programs. Specifically, OSHUN Outpatient, BASN Outpatient, Glide Outpatient and Center for Recovery Residential. The agency was given a Plan of Correction to address identified areas of concern. At last reporting, the Department was satisfied that the agency was being responsive in implementing all recommendations and that the programs were being brought into compliance with performance standards. This is a six-month update of program performance for those programs.
Action taken:	The Monitoring process for FY 2002/03 has been completed. Three of the programs receiving poor rating in the renewal of November 2003 are still in compliance with

	standards and performing adequately. One program, Glide Outpatient, has received Unacceptable/Below Standards rating due to under utilization. To increase referrals, the Program Manager has begun to meet with Glide's Executive Director, Janice Mirikitani, to implement a strategy to more effectively integrate the HAFC Glide Outpatient program with the array of other services provided by Glide Memorial Church.
On-going issues:	The Haight Ashbury Free Clinics, Inc., Substance Abuse Director will submit quarterly progress reports on the success of the integration strategy.

Submitted to: CHN-JCC

Contact: Rudy Aguilar, Program Manager

Date: April 19, 2004

Commissioners' Comments

- Commissioner Chow asked what hours the Homeless Street Outreach team would work. Ms. Garcia said the team would be on the streets from 5 a.m. to 1 a.m. Commissioner Chow asked that when there is an update on the McMillan Center, there be an update on the Outreach Team as well, since both serve the same clients. With regard to the Haight Ashbury Free Clinics quality assurance report, Commissioner Chow asked that staff return to the Joint Conference Committee in three months with an update on the Glide Outpatient Program, (unless the contract renewal is in July, in which case the update would be included in the contract monitoring report).

4) MENTAL HEALTH REHABILITATION FACILITY UPDATE

Gene O'Connell, Executive Administrator, SFGHMC, gave an update on the new Behavioral Health Facility. She recapped the Blue Ribbon Committee's recommendations for the facilities, which were approved by the Health Commission in January:

- 3rd Floor – a 47-bed Mental Health Rehabilitation Center (MHRC) licensed by the California Department of Mental Health and focusing on psychosocial rehabilitation of clients with severe and persistent mental illness.
- 2nd Floor – a 59-bed Skilled Nursing Facility (SNF) licensed by the California Department of Health Services to provided for continued care of psychiatric patients with medically complex needs.
- 1st Floor – a 27-bed Adult Residential Care Facility (ARF) and a 14-bed Residential Treatment Facility with Day Treatment (RTF), licensed under the California Department of Social Services.

Ms. O'Connell discussed the issues surrounding licenses, facility, human resources, clinical operations and the advisory committee.

Staff is pursuing licensing from three different entities. The facility is currently licensed for 147 SNF beds, and SFGH is working with the Department of Health Services to re-license for 59 SNF beds. Staff has initiated dialogue with DHS to ensure their support for a multi-licensed behavioral care facility. Staff is working with the Department of Mental Health for the MHRC license. They have

received preliminary support to proceed with the DMH licensure application, and can receive provisional approval to expedite the opening of the MHRC. Staff is working with the Department of Social Services for the ARF and RTF licenses. They have met with Progress Foundation staff for advice on these two facilities. In all three licensure discussions there is a concern about co-mingling of patients from different level of care programs. This is being addressed through scheduling and staffing of residents. There is a question about whether there will need to be separate entrances for each program, and staff is seeking clarification from each licensing entity.

With regard to Clinical Operations/Program, the SNF and MHRC program manuals are complete, the ARF and RTF manuals are in progress, and staff is monitoring current residents for appropriate level of care. There are no identified issues at this time.

With regard to Human Resources, the organizational charts are done and job descriptions have been completed and submitted to SFGH Human Resources. SFGH must meet and confer with unions.

The Advisory Committee will convene May 5, 2004. The committee is co-chaired by Gene O'Connell and Sharon McCole Wicher.

Commissioners' Comments

- Commissioner Chow asked how the proposed restructuring would affect the patient flow work that is currently taking place between SFGH and Laguna Honda Hospital. Ms. O'Connell said there is always a certain group of patients who are more appropriate to LHH. Staff is continuing to look at this, but it is unlikely the numbers will change. Mr. Funk added that LHH is looking at developing additional locked units in the new facility to provide a secure environment for SFGH patients. Commissioner Chow asked the people working on the licensure if they think the plan is doable. Ms. O'Connell, Mr. Tokubo, Ms. McCole Wicher and Ms. Jung all said yes, and if need be, they will look to State legislators for assistance in moving through the bureaucracy. Commissioner Chow said that the Advisory Committee was meant to be an oversight committee to ensure the Blue Ribbon Committee's recommendations are carried out. It was not meant to provide continuous oversight, and he suggested that Ms. O'Connell consider establishing a sunset date for the committee. Commissioner Chow asked what the timeline is for opening the newly programmed facility. Ms. O'Connell said they hope to open the MHRC floor on July 1, and the other floors by September 1. The SNF facility is already in place. Commissioner Chow asked how long Seneca has recommitted for. Ms. Garcia replied that Seneca is interested in staying, will suggest some program changes and will have a dedicated Memorandum of Understanding with the rest of the facility. Ms. O'Connell said she would provide an other update to the CHN JCC in July.

5) MATERNAL CHILD HEALTH REPORT: SCHOOL-LINKED SERVICES

Mildred Crear, Director, Community Health Services, Maternal and Child Health Section, and Dr. Philip Ziring, consultant to MCH, gave a report the MCH/SFUSD Medical Consultation Service (Attachment A).

Commissioners' Comments

- Commissioner Chow stated that collaboration is very important. The Medical Society is very interested in childhood obesity. There is an increasing rate of diabetes diagnosis in the Asian community. Commissioner Chow invited Ms. Crear and Dr. Ziring back to the CHN JCC to discuss in more detail what services are being provided within the Department.

6) EMERGING ISSUES

None.

7) PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 5:20 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

Attachment (1)

MCH/SFUSD Medical Consultation Service

School Health Consultation

- SFUSD Health Services
 - School Health Programs/Wellness Centers
 - Special Education
 - Child Development Centers

60,000 students; 160 schools; 50 Languages; 28 nurses
(grant funded)

School Health Consultation

- School Health Program (service examples)
 - School Nurse Referral
 - School Health Center
 - First Aid Manual
 - Condom Availability Program
 - Nutrition Education
 - Age Appropriate Health Education
 - Crisis Response
 - Screening Programs (vision, hearing, scoliosis)

School Health Consultation

- MCH Role in School Based Services
 - Hearing Screening
 - Dental Screening
 - Nutrition Education
 - CCS Medical Therapy Unit

Dental Health

- Dental screening 3,000 k-5th grade
- Dental sealant all 2nd graders 17 schools
- Dental screening pre-school

SFUSD Nutrition Education Project

- Promotion of SFUSD and State policies and mandates
- Increased participation in NSLP at schools receiving services
- Integration of Nutrition into School Evening events and Family Nutrition into Nights
- Dissemination of Tools, Materials and Resources to Increase Nutrition Education in the SFUSD
- SFUSD Nutrition and Physical Activity Committee

LEAF in San Francisco (SHPD)

Goals

- Assist in the development and implementation of SFUSD Nutrition and physical Activity Policy
- Communicate this Policy to pilot sites (Lowell HS and Mission HS)
- Develop site specific action plans
- Pilot policy implementation at sites
- Evaluate policy-making process, project goals and pilot program results

School Health Consultation

- CDC Comprehensive School Health Program Model
 - Health Education
 - Health Services
 - Healthy Environment
 - Health related counseling and support
 - Staff health promotion
 - Physical education
 - Nutrition service

School Health Consultation

- Special Education
 - Nursing service contract for in-school care for medically complex students
 - Occupational therapists
 - Physical Therapists
 - Speech Therapists
 - Psychologists
 - Educationally oriented Medical Therapy Units

School Health Consultation

- Wellness Centers
 - Collaborative involving DCYF, SFUSD, DPH, Community Mental Health, Community Substance Abuse Services, SFPD
 - 7 High School sites
 - Mental health/substance abuse focus
 - p/t nurse, Mental health, substance abuse counselors

School Health Consultation

- Child Development Centers
 - Preschool programs of SFUSD
 - 4,500 children from 7 AM until 6 PM
 - 1 nurse

School Health Consultation

- Examples of efforts to date
 - Review of nursing protocols, first aid manuals, Speech therapy reimbursement for MediCal
 - 504 Committee meetings
 - Consultation with General and Special Education nurses, Occupational and Physical Therapists
 - Consultation with Wellness coordinators
 - Outreach to medical community (UCSF, Kaiser, CPMC, St. Luke's)
 - TB protocol revision

School Health Consultation

- Established MCH collaboration
 - Child Care Health Project/School Readiness
 - PHN screening in Child Care centers for vision, hearing, dental, developmental concerns
 - IHRIIC (Round Table consultation on earlier recognition of Autism Spectrum Disorders)
 - Obesity Early Intervention Grant (partnership with SF-GHI, MCH, Bryant Elementary, Boys and Girls Clubs, Good Samaritan Family Resource Center)
 - Enhance Adolescent Health services

School Health Consultation

- Emerging Opportunities for collaboration
 - Closer linkage of Wellness Centers with DPH programs (e.g., Balboa HS clinic, STD Prevention unit, Child Care, Foster Care)
 - Closer linkage with physicians in community (DPH, UCSF, private practice)
 - Pediatrics Advisory Committee to MCH
 - Transition services from Early Intervention through HS graduation for children with disabilities
 - Pediatrics Residency Training in Public Health
 - Links between Television, violence and obesity

School Health Consultation

- Planned Opportunities for Collaboration
 - Parochial Schools
 - Independent Schools
 - Citywide School Health Planning Committee

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W.
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: <http://www.dph.sf.ca.us>

AGENDA

DOCUMENTS DEPT.

JOINT CONFERENCE COMMITTEE FOR

COMMUNITY HEALTH NETWORK (CHN) MEETING
SAN FRANCISCO
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MAY 25 2004

Tuesday, May 25, 2004

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #2001
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair
Commissioner Michael L. Penn, Jr., MD, PhD, Member
Commissioner David J. Sánchez, Jr., Ph.D., Member

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES FOR THE MEETING OF
APRIL 27, 2004

**Minutes of April 27, 2004*

3) FOR DISCUSSION: CHN SECRETARY'S REPORT

(Barbara Garcia, Deputy Director, Community Health Network,
Community Programs)

(Activities and Operations of Community Health Network)

**Report*

4) FOR DISCUSSION: CHN OUPATIENT PRESCRIPTION BENEFIT PROGRAM
UPDATE

(Sharon Kotabe, Pharm.D., SFGH Associate Administrator,
Pharmaceutical Services)

**Update*

- 5) FOR DISCUSSION: PRIMARY CARE RESTRUCTURING UPDATE
(Mitch Katz, M.D., Director of Health)
*Update
- 6) FOR DISCUSSION: McMILLAN CENTER UPDATE
(Barry Zevin, M.D., Medical Director, Tom Waddell Health Center)
*Update
- 7) EMERGING ISSUES
- 8) PUBLIC COMMENTS**
- 9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code §2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, June 22, 2004

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #2001
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Michael L. Penn, Jr., M.D., Ph.D.
Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Bob Cabaj, M.D., Christina Carpenter, Sai-Ling Chan-Sew, Frances Culp,
Larry Funk, Barbara Garcia, Anne Kronenberg, Lawrence Marsco, Iman
Nazeeri-Simmons, Gene O'Connell, Hiroshi Tokubo, Linda Wang.

2) APPROVAL OF MINUTES FOR THE MEETING OF MAY 25, 2004

Action Taken: The Committee approved the minutes of the May 25, 2004
Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director of Public Health, presented the Secretary's Report.

PROGRAM UPDATES

Direct Access to Housing Receives Unsolicited Donation

Grosvenor USA, a subsidiary of The Grosvenor Group, an international property development and management corporation, made a \$10,000 unsolicited donation to Housing and Urban Health (HUH) after reading about HUH's Direct Access to Housing (DAH) program, which was featured in the May 9 edition of the San Francisco Chronicle. The donation is greatly appreciated and will be utilized in the development of the next DAH site.

DAH is currently working on opening The Empress Hotel, located at 144 Eddy Street, which will be the seventh Direct Access to Housing Site. It will include 90 units of housing for chronically homeless adults and is primarily funded through the Interagency Council on Homelessness grant the Department received several months back. This site is expected to be up and running by the end of July.

Newcomers Health Program Awarded Grant

Newcomers Health Program was awarded a \$45,000 renewal grant from the California Department of Health Services, Refugee Health Section, to implement activities to increase education, initiation and completion of Latent Tuberculosis Infection (LTBI) treatment among refugees in San Francisco. The Program is collaborating with the TB Clinic and Refugee Medical Clinic on this project.

San Francisco General Hospital Diversion Report

The Emergency Department (ED) recorded 35 episodes of diversion for 156 hours representing a rate of 21% in (May) 2004. This is a 5% increase in diversion since (April) 2004. A total of 14 hours of Emergency Medical Service Section Diversion Suspension were deducted from the original total of 170 of total diversion.

The 35 episodes of diversion are categorized as follows:

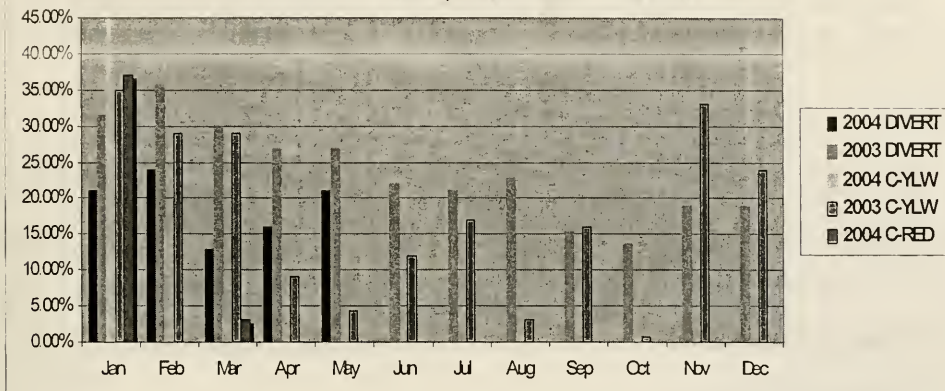
Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	35	156	21%	5%
Trauma Override	0	0	0	1%

The ED was impacted by capacity and high patient acuity during the 35 episodes of Total Diversion and Trauma Override. During this time, 189 patients were pending admission to inpatient beds (ICU-13, 4B/StepDown-80, MedSurg-96). In May 2003, the ED was on Total Diversion 26.9% of the month. Trauma Override was invoked 4% of the month in May 2003.

Total Diversion was recorded for 35 episodes, a total of 156 hours or a 21% rate for May 2004, a 5% increase in Total Diversion since April 2004. While on Total Diversion the ED held 189 patients in May 2004. While on Total Diversion in May 2003, the ED held 278 patients awaiting inpatient beds.

Trauma Override was recorded for 0 episodes for May 2004. This is a 1% decrease in Trauma Override since April 2004.

2003-2004 Diversion Rate, Condition Yellow & Condition Red



CBHS's Cultural Competence Plan Passes State review

Ms. Garcia reported that the State mandated 2003 Cultural Competence Plan Update report received a 97% score from the California Department of Mental Health. The report documents Community Behavioral Health Services' movement towards meeting the Department of Mental Health's Culturally and Linguistically Appropriate Services Standards (CLAS) since July 1, 2002. The report highlights CBHS's Cultural Competence activities in five key areas, including activities related to the integration of mental health and substance abuse services. For a report e-mailed to you, please contact Genie Wong at: Genie.Wong@sfdph.org or call 255-3426.

Dialectical Behavioral Therapy

In fiscal year 2002-03, CBHS launched a training program in Dialectical Behavioral Therapy (DBT), an evidence based practice developed by Marcia Linehan, Ph.D. This approach has been effective in treating individuals who are diagnosed with Borderline Personality Disorder (BPD). Individuals with BPD have among the highest lifetime prevalence of completed suicide. Due to suicidal and severe acting out behaviors, they utilize acute services and community mental health services at rates far greater than their representation in the client population. In fiscal year 2002/2003, clients with the diagnosis of BPD cost our mental health acute and community system \$163,650.00.

Clinical staff teams completed two weeks of intensive training in DBT by August 2003, and began developing DBT programs at their clinic sites. DBT consultation has continued to support DBT team development. In a recent CBHS study comparing service costs of 17 clients pre- and post-enrollment in DBT, there was a 34% reduction in overall costs and a 90% reduction in crisis and inpatient hours. Congratulations to everyone involved in the success of implementing this evidence-based practice in CBHS.

EVENTS, TRAININGS AND PRESENTATIONS

Refugee Awareness Month Celebration

On May 27th, the Newcomers Health Program co-sponsored a "Refugee Awareness Month Celebration" for San Francisco County. Collaborating agencies included the Private Industry Council of San Francisco, International Institute of San Francisco, International Rescue Committee, Jewish Vocational Services, Catholic Charities of San Francisco, and Richmond Area Multi-

Services. A proclamation by Mayor Gavin Newsom declared May 27th as Refugee Awareness Day in San Francisco. Over 110 people attended the event, which was to honor and recognize the strengths and contributions of refugees and asylees in San Francisco, and enjoyed entertainment and food from diverse refugee and asylee communities in San Francisco.

Mental Health Advocacy Day in Sacramento.

Fifty-six San Francisco mental health clients, and nine mental health workers and advocates converged on the steps of Capitol Mall in Sacramento on Mental Health Advocacy Day, May 27. These clients and advocates were joined by thousands of others from across the state as they rallied State Legislators for "No cuts to mental health services," and expressed support for the upcoming campaign for the California Mental Health Initiative that would increase funds for mental health services if passed by the voters of California in the November ballot.

QUALITY ASSURANCE

Urban Services YMCA

CORRECTIVE ACTION/INFORMATION UPDATE

Program Name: Urban Services YMCA

Contract Amount: \$103,000 per year **Date for HC Renewal Approval:** JCC – CHN 6/22/04

Update requested by: Budget Committee

Date of request: February 2004

Description of agency	Urban Services YMCA provides clinical service to youth attending the Luther Burbank Middle School in the Excelsior district, and the Gloria R. Davis Middle School in Bayview-Hunters Point. They are planning to expand their service to James Denman Middle School at OMI neighborhood. Urban Services is a human service (social service) arm of the YMCA. Urban Services has been providing youth development services at these middle schools for the past years, the clinical components enhance the service continuum and increase access to mental health services by youth who may otherwise not seek service from traditional clinic settings.
Information requested: (from HC minutes)	Six month update on outcomes
Corrective Action Background:	New program starting up in the current fiscal year, with support from the Department of Children, Youth and Families, to provide therapy and case management services to youth served by the agency.
Action taken:	The program completed and passed the Medi-Cal certification requirement, and recruited for a clinician to provide mental health services. Between the month of March and June, 14 youth from the Excelsior District received service from the agency. In June, an additional therapist has been hired, who will be providing service to youth at Luther Burbank Middle School in the

	Excelsior, and Gloria R. Davis Middle School in Bayview-Hunters Point. Please see the attached summary for more detailed description of program implementation during the past four months. (Attachment A).
On-going issues:	It is anticipated that the program will reach capacity very quickly once it becomes established, and consideration may need to be given to expand their service.

Submitted to: CHN JCC

Contact: Sai-Ling Chan-Sew

Date: June 10, 2004

Commissioners' Comments

- The committee members are satisfied with the Urban Services YMCA Quality Assurance Update.
- Commissioner Chow asked Ms. Garcia to give a brief overview of the Department's response to gun violence, with the understanding that a more thorough report would be given through the Secretary's Report at the next meeting. Ms. Garcia said that there is a two-pronged response: the incident response and the on-scene debriefing.
- Commissioner Penn asked if the Department has mechanisms to evaluate how well it is responding to the violence. Ms. Garcia replied that staff gets immediate feedback from the community after each incident. In addition they have weekly staff debriefings and monthly meetings with community involvement. Ms. Garcia added that the critique thus far is the lack of immediate response from counseling staff. This requires connection with both the community and the police department. Staff has connection with the community; they are working on the connection with the police.

4) YOUTH DEVELOPMENT POLICY

Iman Nazeeri-Simmons, MPH, Adolescent Health Coordinator, and Christina Carpenter, MPH, Community Health Education Section, presented the Youth Development Policy for the Department of Public Health. The goals of the policy are to promote a common understanding of youth development and to establish a consistent set of standards for practice and to ensure that young people acquire the skills and support they need to become healthy adults. It is a quality improvement strategy for youth-serving programs. Youth Development is an approach that should be at the core of all youth service programs.

The Standards of Practice Policy consists of guiding principles; organizational structure, culture and environment; programmatic structure, youth participation and skill building; community and family connections; and training, evaluation and monitoring. Staff met with many stakeholders during the development of the policy.

Commissioners' Comments

- Commissioner Sanchez noted that youth mentoring makes such an impact, and the policy is helpful in that it sets a common philosophy and goals across different services.

- Commissioner Penn is a proponent of youth development and stands behind the policy. He asked the timeline for implementation. Ms. Nazeeri-Simmons said the Health Commission will consider the policy in July and training curriculum would be developed in July and August. DPH staff would be trained in the Fall, and CBOs in early 2005. Commissioner Penn asked how many programs would benefit from this policy. Ms. Carpenter replied that many DPH programs have incorporated elements of youth development but still need assistance and training. More than half of current programs need help. Commissioner Penn suggested that training include very specific examples and outcomes.
- Commissioner Chow said it would be helpful to have concrete examples of youth development in action. The policy may be overbroad, and he wants to ensure that it is clear what programs and agencies the policy will apply to. He also stressed the importance of family and community involvement in youth-serving programs.

5) PATIENT FLOW UPDATE

Anne Kronenberg, Director of Policy and Planning, gave an overview of the Patient Flow Project (Attachment B). The project goal is to improve the patient flow from San Francisco General Hospital (SFGH) and Laguna Honda Hospital (LHH), significantly reducing staff time spent on transfers and the number of days spent by patients at SFGH awaiting transfer at a lower level of care.

Commissioners' Comments

- Commissioner Chow asked if the severity of patients and the patient mix has challenged resources. Ms. Kronenberg said that the severity is higher and more complex, but LHH has psychiatrists and social workers on staff. Mr. Funk added that LHH has seen an increase in severity and there has been a growth over the past number of years of younger, more ambulatory patients. He said the medical staff at LHH is concerned about physical plant limitations and mingling younger patients on open wards with elderly residents. Staff needs to develop more and different programs for this younger population, and medical and nursing staff should take the lead. There continue to be discussions between the LHH medical staff and Dr. Katz.
- Commissioner Sanchez said there has been a unique spirit between the SFGH and LHH staff to develop new models of care. But the rubber hits the road when it comes to admissions decisions, and the decision should lie in the hands of the medical staff.
- Commissioner Chow said the Commission has heard and acknowledges the doctors' concerns, but the Department needs to accommodate these complex patients, and the facilities must have the resources to do so.
- Commissioner Penn said the presentation of this issue needs to represent the challenges on both sides. He does not want the concerns of LHH staff to be understated. LHH must have appropriate support so the changes and challenges can be accommodated.

6) TRACER METHODOLOGY OVERVIEW

This presentation was deferred to the August 3, 2004 Health Commission meeting.

7) EMERGING ISSUES

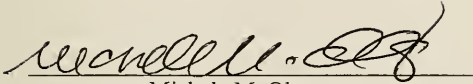
None.

8) PUBLIC COMMENTS

None.

9) ADJOURNMENT

The meeting was adjourned at 5:30 p.m.

A handwritten signature in dark ink, appearing to read "Michele M. Olson", is written over a horizontal line.

Michele M. Olson

Executive Secretary to the Health Commission

Attachments (2)

Program Implementation

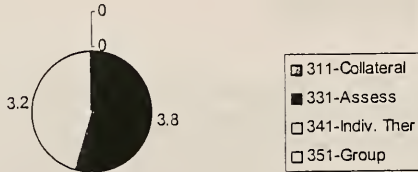
Since program implementation 3/1/2004 Urban Services YMCA has been able to serve 14 referrals (school-age youth) through one therapist in the Excelsior neighborhood at Luther Burbank Middle School. In June of 2004 we were able to hire an additional therapist to serve the Bayview-Hunters Point community. We have created a solid infrastructure regarding taking referrals, assessing referrals and checking eligibility for referrals. This includes creating a system of tracking clients as well as maintaining client files at one central location. The system we have in place allows us to continue receiving referrals on a year round basis. This also us to continue serving youth throughout the summer, when youth are at a higher risk. Our plans for the summer include serving youth at Luther Burbank Middle School in the Excelsior, Gloria R. Davis Middle School in Bayview-Hunters Point and potentially expanding our services to include the OMI Neighborhood Beacon at James Denman Middle School. The support of SF Community Mental Health Services has allowed us to serve 14 clients and a total of 56 units.

- Charts Attached for more statistics
- Flow Chart Attached

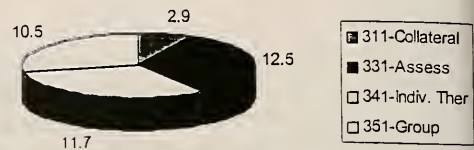
Program Procedure

Client is refereed by school, counselor or parent. Once referred the therapist holds a brief one-on-one meeting where personal information is obtained (i.e. Name, Birthday). Information is then given to data entry for eligibility check. Client eligibility status is then determined based on being Full-scope Medical, Healthy Kids, or Healthy Families. If client is ineligible, the therapist offers targeted case management services to link the client to other available services. Therapist conducts follow up appointment at a later date. If eligible, therapist initiates second contact with client (face-to-face) where initial evaluation of client is conducted, including initial assessment. Therapist then contacts parent or legal guardian to complete intake packet (P.F.I.'s, Medical Card, etc...). Once intake packet is complete, appointment is set for the client. A one-on-one therapy session is conducted on a weekly basis. Therapy is an intervention focusing on symptom reduction and medical necessity. Therapy is on going until client shows a visible reduction in symptoms. Flow chart of services attached.

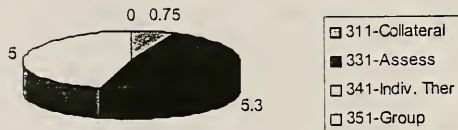
March Units



April Units



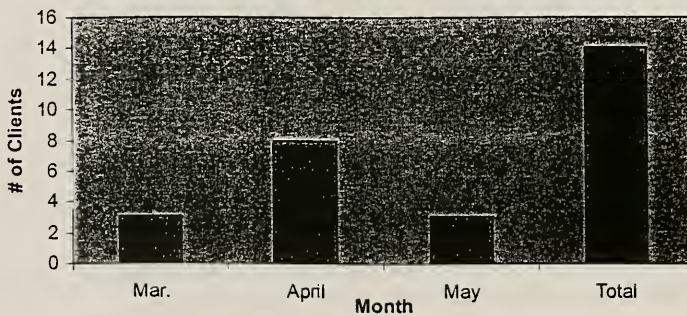
May Units



Gender

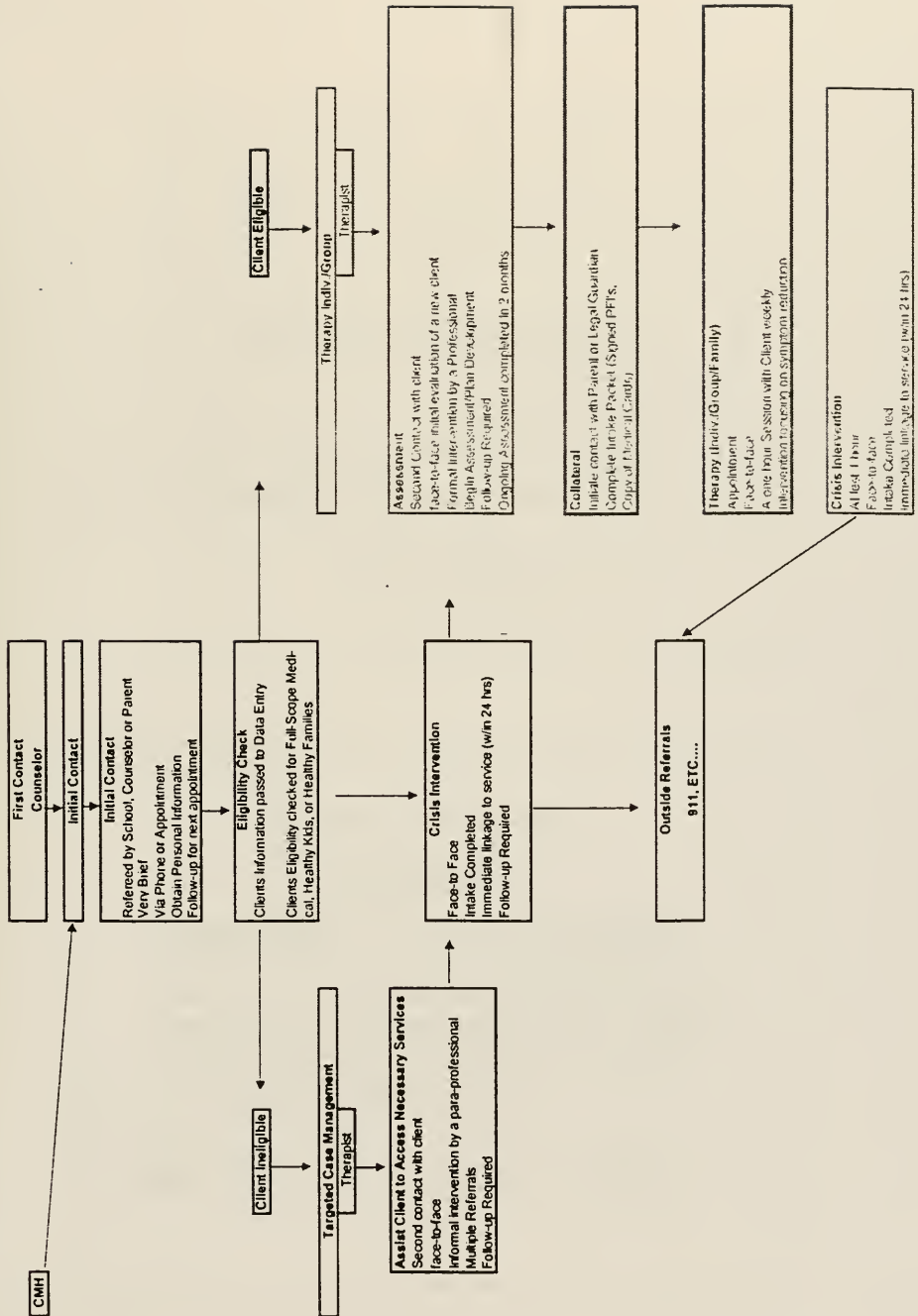


Client Intakes by Month



Health Insurance







Patient Flow Project

Anne Kronenberg, DPH
Presentation to Health Commission
CHN JCC
June 22, 2004

Patient Flow Project - Background

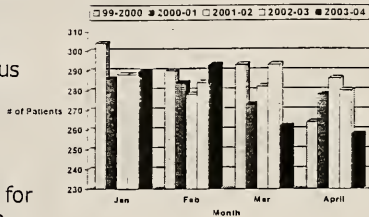
- **Project Goal:** To improve the patient flow from San Francisco General Hospital and Laguna Honda Hospital, significantly reducing staff time spent on transfers and the number of days spent by patients at SFGH awaiting transfer at a "lower level of care."
- First meeting held on February 13, 2004.

1

Patient Flow Project – SFGH Census

- SFGH is budgeted for 265 acute & psych beds. Average daily census for 7/03 - 4/04 was 280.
- The avg. daily census fell below the budgeted census in March and April 2004, when it was 262 and 258 respectively. This last happened April 2000.
- The average daily census for March & April 2004 is also lower than the same months in past fiscal years.

SFGH Average Daily Census
(excluding MHRF, 4A & birth center/nursery)
for the Months January – April by Fiscal Year

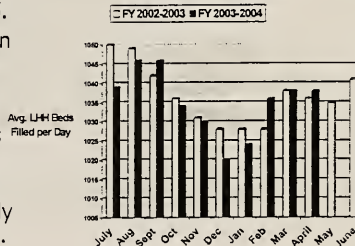


2

Patient Flow Project – LHH Census

- LHH is budgeted for 1,055 Skilled Nursing Facility (SNF) beds. The average daily census for 7/03-4/04 is 1,035.
- 12/04 had fewer beds filled on average compared to the previous year. The census increased in Feb and March, and by March the census was the same as the March '03.
- The average daily census for the two fiscal years was nearly the same (1,037 in FY 02-03).

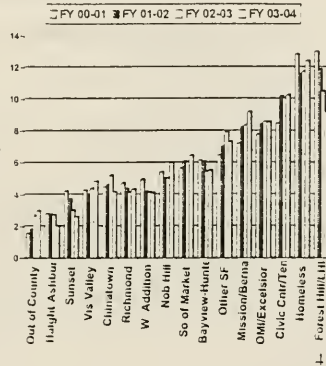
LHH Average Daily Census (SNF only) by
Month and Fiscal Year



3

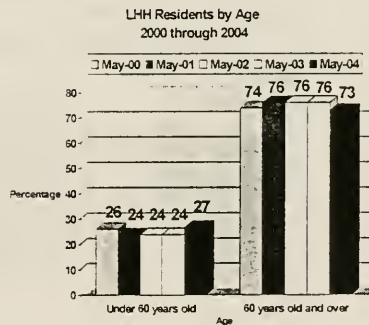
Patient Flow Project – LHH Patients by Neighborhood

- Formerly homeless residents represent 12.41% (200) of LHH's residents. Lower than, but close to, the highest point in FY 00-01 - 12.81% (206).
- 94116 (Forest Hill/LHH) has been used for long-term residents, thus information about their original neighborhood was lost. Decreases here may be based on better data collection.



Patient Flow Project – LHH Patients by Age

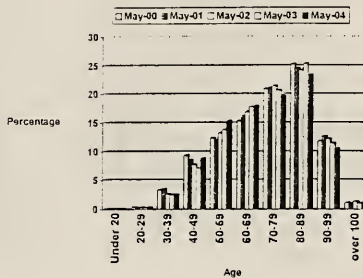
- Between 73 - 76% of LHH residents are 60 years old or older.
- May '04 shifted some from past years, with 27% (285) of residents under 60 years old & 73% (764) 60 and over; an increase in younger patients from the previous year when 24% (244) of residents were under 60 years old and 76% (789) were 60 or older.



Patient Flow Project – LHH Patients by Age

- The highest percentage of residents are between 80 - 89 years old, with 23% of residents in that age range in 2004.
- There are more LHH residents over 99 years old than under 30. (In May '04 there were 12 patients 100 or older and 4 patients under 30.)

Laguna Honda Hospital (LHH) Residents by Age
2000 through 2004

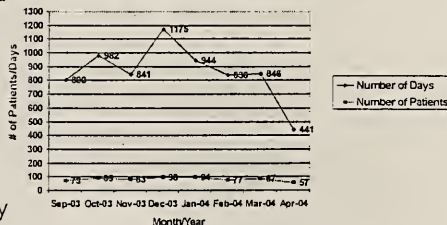


6

Patient Flow Project - Lower Level of Care

- This graph shows that both the number of days and patients at a "lower level of care" have reduced at SFGH, particularly in April, when both the number of patients and the number of days hits the lowest point, with the number of days nearly half of what it was the month before.

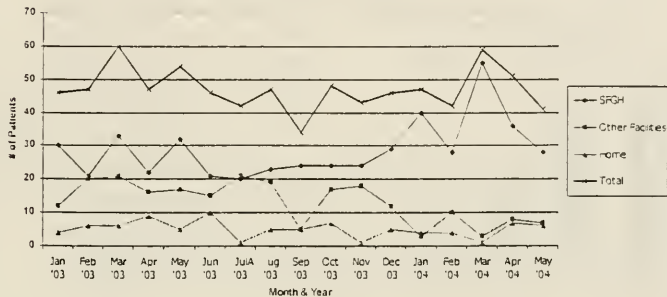
SFGH Patients and Days Spent at a
Lower Level of Care Sept 2003 to April 2004



7

Patient Flow Project – New Admissions to LHH

Sources of Admissions to LHH January '03 to May '04



8

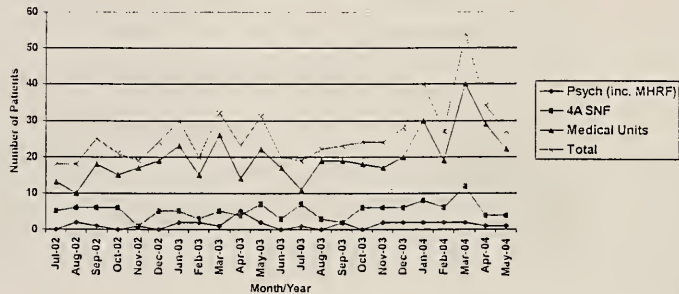
Patient Flow Project – New Admissions to LHH

- Admissions from SFGH to LHH increased in 2004, especially in March, where new admissions also increased overall.
- In 2004 (Jan-May), 78% of LHH's patients were admitted from SFGH, 13% were admitted from other facilities and 9% from home. In this same time period in 2003, 54% of LHH's admissions came from SFGH, 34% from other facilities and 12% from home.

9

Patient Flow Project – Location of Admissions from SFGH

New Admissions to LHH from SFGH by Unit



10

Patient Flow Project – Location of Admissions from SFGH

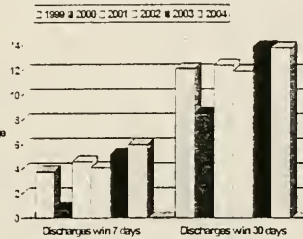
- Patients transferred from SFGH medical units make up the vast majority of patients who are transferred to LHH to SFGH.
- Over 23 months, 75% of the SFGH transfers came from one of the medical units, 20% came from 4A (SFGH Skilled Nursing Facility), while the remaining 5% originated from the psych units (including the MHRF). The number of transfers from psych units has remained consistent over time, with between zero and two transfers each month (except in April 2003 when there were 5 patients).

11

Patient Flow Projects – Discharges from LHH

- This shows the percentage of patients admitted from SFGH Acute to LHH who were then discharged back to an acute provider within 7 or 30 days, for Jan through April of each year since 1999.
- Discharges within 7 days are .8% higher this year than last
- Discharges within 30 days are .1% lower this year than last.

Percentage of Patients Admitted from SFGH Acute to LHH and Discharged to Any Acute Provider



City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Department of Public Health



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Director of Health

Michele M. Olson
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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, July 27, 2004

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #2001
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Michael L. Penn, Jr., MD, PhD, Member
Commissioner David J. Sánchez, Jr., Ph.D., Member

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES FOR THE MEETING OF JUNE 22, 2004

**Minutes of June 22, 2004*

3) FOR DISCUSSION: CHN SECRETARY'S REPORT

(Barbara Garcia, Deputy Director, Community Health Network, Community Programs)

(Activities and Operations of Community Health Network)

**Report*

- 4) FOR DISCUSSION: DISCUSSION OF THE SERVICES AND ADVOCACY FOR ASIAN YOUTH (SAAY) CONSORTIUM SURVEY, "MOVING BEYOND EXCLUSION: FOCUSING ON THE NEEDS OF ASIAN/PACIFIC ISLANDER YOUTH IN SAN FRANCISCO"
(Iman Nazeeri-Simmons, MPH, Adolescent Health Coordinator, and Sai-Ling Chan-Sew, LCSW, Director, Community Behavioral Health Services, Child, Youth and Family Section)
**Update*
- 5) EMERGING ISSUES
- 6) PUBLIC COMMENTS**
- 7) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at:
www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code §2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

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MINUTES

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, July 27, 2004
3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #2001
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson
Commissioner Michael L. Penn, Jr., M.D., Ph.D.

Absent: Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Bob Cabaj, M.D., Mildred Crear, Sai-Ling Chan-Sew, Larry Funk,
Barbara Garcia, Iman Nazeeri-Simmons, Frank Patt and Linda Wang

Guests: Ramon Calubaquib, Japanese Community Youth Council

2) APPROVAL OF MINUTES FOR THE MEETING OF JUNE 22, 2004

Action Taken: The Committee approved the minutes of the June 22, 2004
Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director of Public Health, presented the Secretary's Report.

STAFF UPDATES

CBHS Crisis Staff Acknowledged

Congratulations to the CBHS Gun Violence Response and Recovery Team for receiving this month's Department of Public Health Team Award. The Gun Violence and Recovery Team has been coordinating assistance to youth and families impacted by the recent escalation of gun violence. The team is comprised of staff from the Critical Incident Response Team, Comprehensive Child Crisis Services, CSOC Family Involvement Team, Family Mosaic Project, Cultural Competency and Consumer Relations Section and the DPH Prevention Unit.

Bay Area Heart Association Leadership Award

Congratulations to African American Health Initiative Director, Cynthia Selmar, and LeConte Dill, Health Educator, Bayview Health and Environment Resource Center (HERC) for receiving the 2004 Bay Area American Heart Association Leadership Award for their direction and guidance as Chair and Co-Chair of the Bay Area African American Programs Task Force and the implementation of the San Francisco Search Your Heart Program.

PROGRAM UPDATES

10-Year Homeless Plan

On June 30 the City unveiled the "The San Francisco Plan To Abolish Chronic Homelessness." The plan calls for the development of 3,000 supportive housing beds based on the "Housing First" principle that places chronically homeless people directly off the street into housing and then actively engaging residents to promote stability and improve health and well-being. Mental health and substance abuse treatment services figure prominently among the health needs to be provided to homeless individuals.

1st CBHS Integration Consultant Visit

ZiaLogic, the consulting firm contracted to assist with the integration of the Mental Health and Substance Abuse systems, will be making its first consultation visit to San Francisco on September 2 and 3, 2004. On these dates, ZiaLogic will begin working with the CBHS core executive leadership team to develop the broad contours and stages of a two-year planning and implementation process, including setting the overarching vision for change, and the stages of and priorities for implementation – including the areas of welcoming, screening, data capture, and assessment.

San Francisco General Hospital Diversion Report

The Emergency Department (ED) recorded 34 episodes of diversion for 157 hours representing a rate of 22% in (June) 2004. This is a 1% increase in diversion since (May) 2004. A total of 13 hours of Emergency Medical Service Section Diversion Suspension hours were deducted from the original total of 170 hours of total diversion.

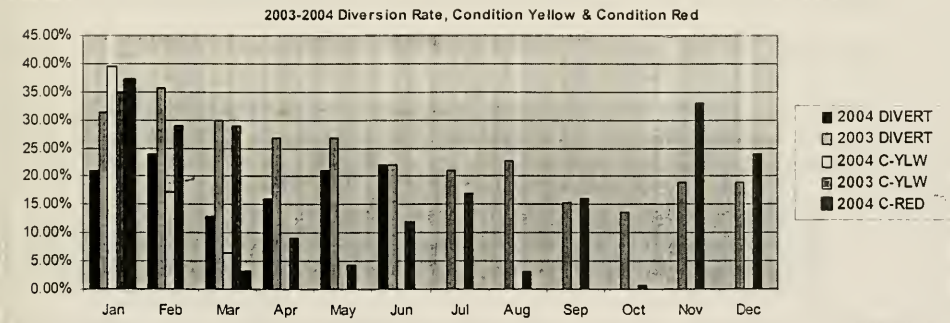
The 35 episodes of diversion are categorized as follows:

Diversion Type	Number of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	34	157	22%	1%
Trauma Override	1	1.5	0.2%	.8%

The ED was impacted by capacity and high patient acuity during the 34 episodes of Total Diversion and Trauma Override. During this time, 225 patients were pending admission to inpatient beds (ICU-10, 4B/StepDown-97, MedSurg-118). In May 2003, the ED was on Total Diversion 26% of the month. Trauma Override was invoked 6% of the month in May 2003.

Total Diversion was recorded for 34 episodes, a total of 157 hours or a 22% rate for June 2004, a 1% increase in Total Diversion since May 2004. While on Total Diversion the ED held 225 patients in May 2004. While on Total Diversion in June 2003, the ED held 187 patients awaiting inpatient beds.

Trauma Override was recorded for 1 episode for June 2004. This is a 0.8% increase in Trauma Override since May 2004.



Prop 63 Press Conference

On Thursday, July 15th, the Mental Health Association and Mental Health Board held a press conference in support of Proposition 63, the Mental Health Services Act, which will be on the November ballot and would bring \$50 million in new money to San Francisco annually.

The main theme was: the mentally ill need to be in treatment not in the criminal justice system. Speakers included: Darrell Steinberg, author of Prop 63 and Chair of the Assembly Budget Committee; Rebecca Cohn, Chair of the Assembly Health Committee; Mayor Gavin Newsom; Heather Fong, Chief of Police; Michael Hennessey, Sheriff; Kamala Harris, District Attorney; Jeff Adachi, Public Defender; plus three clients or former clients of the mental health system.

Channel 7 did a very positive piece on the news on July 15. The Examiner printed an excellent article on July 16, and three Chinese language papers printed stories on July 16.

Sex Offender Management Program

The Mayor's Office of Criminal Justice in collaboration with Community Behavioral Health Services was awarded \$250,000 by the Department of Justice for the "Sex Offender Management Discretionary Grant Program". The goal of this grant is to improve sex offender management policies and practices, ultimately protecting the public. The San Francisco's Sex Offender Management program will be carried out in two phases: a planning phase and an implementation phase. The planning phase will include a multidisciplinary policy team comprised of representatives from the Mayor's Office of Criminal Justice, CBHS, Probation, Sheriff's Department, District Attorney's Office, and other community groups with an interest in improving sex offender management policies. This team will utilize data collected to formulate a preliminary sex offender management implementation plan.

EVENTS, TRAININGS AND PRESENTATIONS

SevenPrinciples Project Training

A cultural competency training for providers entitled "Reducing African American Infant Mortality in San Francisco" was provided on July 27th, 2004 to physicians, nurse practitioners, certified registered nurse midwives, nurses, and other health professionals serving African American women of reproductive age and their children. The training was sponsored by The Seven Principles Project, a community-public partnership, including IT Bookman Community Center, Jelani House, Inc., CAHEED, Inc., Booker T. Washington Community Service Center, Family Health Outcomes Project/UCSF, and the San Francisco Department of Public Health.

Commissioners' Comments

- Commissioner Chow noted that there has been discussion about eliminating diversion in San Francisco and he asked that this issue be discussed at a future Joint Conference Committee meeting.

4) DISCUSSION OF THE SERVICES AND ADVOCACY FOR ASIAN YOUTH (SAAY) CONSORTIUM SURVEY, "MOVING BEYOND EXCLUSION: FOCUSING ON THE NEEDS OF ASIAN/PACIFIC ISLANDER YOUTH IN SAN FRANCISCO"

Iman Nazeeri-Simmons, MPH, Adolescent Health Coordinator, and Sai-Ling Chan-Sew, LCSW, Director, Community Behavioral Health Services – Child, Youth and Family Section, gave an update on the SAAY Report "Moving Beyond Exclusion: Focusing on the Needs of Asian/Pacific Islander Youth in San Francisco." Ramon Calubaquib from JCYC also participated in the presentation. He described the process the Consortium used to obtain more data about the needs of Asian youth and their families. This survey is the outcome of this effort.

There are two sides to the report: juvenile justice and behavioral health. Some findings of note: In San Francisco, Filipinos and Pacific Islanders have the second highest percentage of thoughts of suicide. In general Asian Americans are underrepresented in special education and juvenile justice. But Samoans are very over represented in juvenile justice. Filipinos have a high rate of homelessness. Nationally, in 2003 Asian American girls are reported to have the highest rates of depression among any racial groups.

Mr. Calubaquib said it is critical that the Samoan community participate in discussions with DPH, Juvenile Justice, and many other agencies about this issues that affect this community. This has not

been easy. Ms. Chan-Sew said that follow-up actions include restarting the Behavioral Health Committee, fundraising for a coordinator position, and intensive case management for certain populations. They will continue to pursue grant funding to support the work.

Commissioners' Comments

- Commissioner Chow said that people have been searching for data on specific Asian communities, and disaggregating data is so important in targeting populations. Commissioner Chow thinks that the DPH has the opportunity to take the lead on API Youth issues. He requested a follow-up report on API Youth survey recommendations in six months to determine if DPH and SFUSD have made any progress. He recommended that DPH try to get Primary Care and Community Behavioral Health Services to collaborate on a pilot around these findings.
- Commissioner Penn asked what the barriers are in the Asian community about attitudes toward mental health issues. Ms. Chan-Sew said that very little attention is paid to this issue in the community. Ms. Nazeeri-Simmons said that there is a large generation gap. In her discussions with Asian youth, there was frank acknowledgement of stress and depression.

5) EMERGING ISSUES

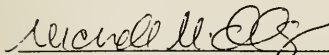
None.

6) PUBLIC COMMENTS

None.

7) ADJOURNMENT

The meeting was adjourned at 4:50 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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AGENDA

JOINT CONFERENCE COMMITTEE FOR

COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, August 24, 2004
3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #2001
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Michael L. Penn, Jr., MD, PhD, Member
Commissioner David J. Sánchez, Jr., Ph.D., Member

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES FOR THE MEETING OF
JULY 27, 2004

**Minutes of July 27, 2004*

3) FOR DISCUSSION: CHN SECRETARY'S REPORT

(Barbara Garcia, Deputy Director, Community Health Network,
Community Programs)

(Activities and Operations of Community Health Network)

**Report*

- 4) FOR DISCUSSION: UPDATE ON HAIGHT ASHBURY FREE CLINICS
(Anne Okubo, DPH Deputy Financial Officer)
*Update
- 5) EMERGING ISSUES
- 6) PUBLIC COMMENTS**
- 7) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno, #9X San Bruno Express, #19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of

cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code §2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Edward A. Chow, M.D.
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Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W.
Commissioner

James M. Illig
Commissioner

Michael L. Penn, Jr., M.D., Ph.D.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health



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MINUTES

**JOINT CONFERENCE COMMITTEE
FOR
COMMUNITY HEALTH NETWORK (CHN) MEETING**

Tuesday, August 24, 2004

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #2001
San Francisco, CA 94110

1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D., Chairperson

Absent: Commissioner Michael L. Penn, Jr., M.D., Ph.D.
Commissioner David J. Sánchez, Jr., Ph.D.

Staff: Rudy Aguilar, Bob Cabaj, M.D., Sai-Ling Chan-Sew, Larry Funk, Barbara Garcia, Sharon Kotabe, Anne Okubo, Frank Patt, Gregg Sass.

Guests: Dr. Darryl Inaba, Executive Director, Haight Ashbury Free Clinics, Gueneveire Jones, Chief Financial Officer, Haight Ashbury Free Clinics, Eric Flowers, Member, Haight Ashbury Free Clinics Board of Directors, chair of the Board's Finance Committee.

- 5) FOR DISCUSSION: STRATEGIC PLAN UPDATE
(Anne Kronenberg, Deputy Director of Health and Jim Soos,
Senior Health Program Planner, DPH Policy and Planning)
**Update*
- 6) EMERGING ISSUES
- 7) PUBLIC COMMENT**
- 8) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

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2) APPROVAL OF MINUTES FOR THE MEETING OF JULY 27, 2004

Action Taken: The Committee approved the minutes of the July 27, 2004 Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director of Public Health, presented the Secretary's Report.

STAFF UPDATES

Madeline Ritchie Retires

Madeline Ritchie, Center Director at Chinatown Public Health Center, will be retiring at the end of August 2004. Madeline has worked at the Department of Public Health for 32 years. Her work experience has been as an RN in Medical Surgical Units at SFGH and as a Public Health Nurse in Bay View Hunter's Point and Tenderloin. In 1980 she co-founded the Refugee Newcomers Program. From 1990 – 1993 she was the Center Director at Silver Avenue Family Health Center, and from 1993 – 2004 Center Director at Chinatown Public Health Center. Madeline has vast experience working with multi-cultural groups especially refugees and immigrants. She will be missed. There will be a retirement dinner in honor of Madeline on 9/9/04. For more information please contact Lily Lee at 364-7900.

Judy Schutzman Retires

Judy Schutzman will be retiring after 35 years with the City, 26 years with the Department of Human Services and 9 years with DPH. She served in a variety of positions including Eligibility Worker and Supervisor, Executive Assistant to the General Manager, Director of Planning & Budget, and Director of Administrative Services at DHS and as Operations Manager for CBHS. Judy was responsible for facilities and leasing for 39 DPH sites, coordination of human resources functions for CBHS and a variety of business operations including purchasing, fleet management and telecommunications. Judy will be missed by all.

PROGRAM UPDATES

State Reports on Successful CBHS Pilots

Two Community Behavioral Health Services pilot programs, Office-Based Opiate Addiction Treatment (OBOAT) and the Methadone Van, were highlighted by the State Department of Alcohol and Drug programs' "Good News to the Governor" report as examples of successful addiction treatment pilot programs.

CBHS Partnership wins Sex Offender Management Grant

Community Behavioral Health Services, in partnership with the Mayors' Office of Criminal Justice and local law enforcement agencies was awarded a \$250,000 grant from the U.S. Department of Justice, Office of Justice Programs / Bureau of Justice Assistance. The grant will fund a two-year, two-phase planning and implementation strategy to enhance and develop a continuum of sex offender management strategies that address the transition of sex offenders from corrections institutions to community life. The Mayor's Office of Criminal Justice is the local agency

responsible for implementing the project while the San Francisco Department of Public Health -- Community Behavioral Health Services Division, will coordinate and plan with local law enforcement around improving sex offender management practices.

This award reflects the on-going mission of CBHS' Grants, Research and Development staff to work collaboratively with other agencies to secure funding in support of CBHS' mission and goals. During the last month, Grants, Research, and Development staff have worked collaboratively to submit 6 other grant proposals.

San Francisco General Hospital Diversion Report

The Emergency Department [ED] recorded 50 episodes of diversion for 227 hours representing a rate of 31% in (July) 2004. This is a 9% increase in diversion since (June) 2004. A total of 30 hours of Emergency Medical Service Section Diversion Suspension hours were deducted from the original total of 257 hours of diversion.

The 50 episodes of diversion are categorized as follows:

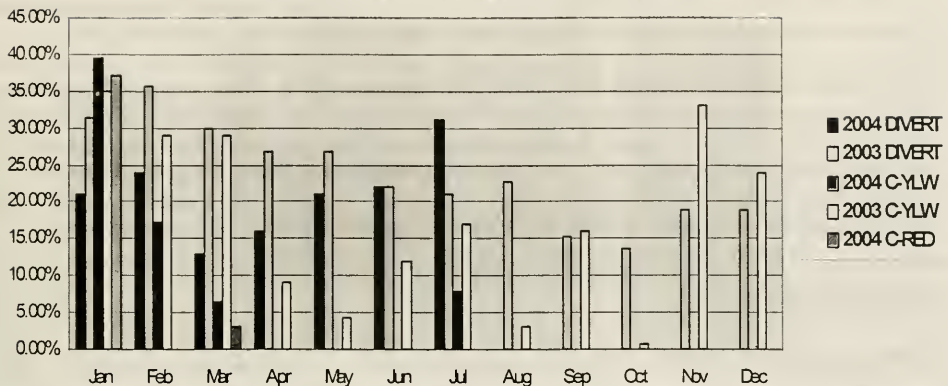
Diversion Type	# of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	50	227	31%	9%
Trauma Override	4	21	2.8%	2.6%

The ED was impacted by admissions and high patient acuity during the 50 episodes of Total Diversion and Trauma Override. During this time, 227 patients were pending admission to inpatient beds [ICU-22, 4B/StepDown-168, MedSurg-160] and 367 patients triaged Urgent waited to be seen in the ED. In July 2003, the ED was on Total Diversion 21% of the month. Trauma Override was invoked 2.1% of the month in June 2003.

Total Diversion was recorded for 50 episodes, a total of 227 hours or a 31% rate for June 2004, a 9% increase in Total Diversion since June 2004. While on Total Diversion the ED held 350 patients in May 2004. While on Total Diversion in June 2003, the ED held 274 patients awaiting inpatient beds.

Trauma Override was recorded for 4 episodes, a total of 21 hours or 2.8% rate for July 2004. This is a 2.6% increase in Trauma Override since June 2004. In June 2003 the ED invoked Trauma Override for 6% of the month. The ED held 31 patients awaiting an inpatient bed assignment during this time.

2003-2004 Diversion Rate, Condition Yellow & Condition Red



EVENTS, TRAINING AND PRESENTATIONS

National Alcohol and Drug Recovery Month Celebration

September is National Alcohol and Drug Recovery month and is being observed in San Francisco by a "Recovery Day" celebration Thursday September 30th at Glide Memorial Church. The celebration is being co-sponsored by The San Francisco Association of Alcohol & Drug Program Contractors, SAMHSA Center for Substance Abuse Treatment, the San Francisco Department of Public Health, Glide Memorial Church, and Unity Foundation.

Featured speakers include Dr. H. Westley Clark, Director of the Center for Substance Abuse Treatment, Kathy Jett, Director of the California Department of Alcohol and Drug Programs, and Henry Lozano, Co-chair of the President's Advisory Commission on Drug-Free Communities.

In addition to speakers, entertainment will be provided by renowned performer Rhodessa Jones, the Recovery Theater, Buena Vida Salsa Club, Teen Challenge Choir, the Straight Forward Club, and Katie Rubin's one woman show "Insides Out"

CBHS Transgender Training

On Friday September 24, Community Behavioral Health Services is presenting a training entitled "Completing the Yellow Brick Road: Creating Transgender Appropriate Services in Your Agency, Program, or Practice". The training will define the term "Transgender", identify differences between gender identity, sexual identity, and sexual orientation, identify common issues transgendered people bring to treatment, highlight effective interventions, and discuss ways to identify and mitigate personal biases. For more information contact Junko Craft at 255-3620.

"I Am Youth" Conference

Community Behavioral Health Services sponsored a youth conference, entitled "I am Your Youth" on August 18, 2004, at the State Building. It was attended by 50 youth and over 50 providers from many SF youth serving agencies. Highlights of the day include the screening of the Youth Task

Force video, which showcase the joy and struggle of young people growing up in San Francisco, and being impacted by the various child-serving systems. The video was followed by a series of activities to promote breaking the stereotypes of provider and youth. In the afternoon, an exercise using the fish-bowl experience gave participants an opportunity to share openly about the experience of being a young person, and the experience of being a provider for youth. Participants shared their views on the recent violence in the neighborhood, life in group homes, life in juvenile hall, frustration with bureaucracies, and hope for improvement and a better future. The dialogue led to discussion about actions that can be taken to continue to build communication among providers and youth, and to incorporate youth voice into programmatic and system change in the various program and policy levels. The day concluded with the distribution of the "I am that Youth" CD to all participants.

QUALITY ASSURANCE

Instituto Familiar de la Raza

CORRECTIVE ACTION/INFORMATION UPDATE

Program Name: Instituto Familiar de la Raza (IFR)

Contract Amount: \$1.6 million (CBHS)

Date for HC Renewal Approval: Fall 2004

Update requested by: Health Commission

Date of Request: July 2004

Description of agency	IFR provides mental health and HIV prevention services. Mental health services are for the Children's System of Care and other children's services.
Information requested:	Update on fiscal status of organization.
Corrective Action Background:	IFR began experiencing cash flow problems in Spring 2004.
Action taken:	DPH staff began working with IFR to identify a number of fiscal and organizational issues that needed to be addressed by IFR management and Board. On May 10, Barbara Garcia, Gregg Sass and Anne Okubo met with the IFR Board of Directors to outline a corrective action plan. In early June IFR submitted a fiscal recovery plan that included fiscal as well as organizational improvements. The plan was reviewed and accepted by DPH. One component of the plan was a loan from a non-profit lender. IFR was approved for the loan and has used the funds to pay off outstanding amounts owed to their providers and vendors and to balance their budget.
On-going issues:	IFR's cash flow will continue to be closely monitored.

- Commissioner Chow, commenting on the two successful CBHS pilots, said that DPH is not only setting the model for services, but also how reimbursement will be provided for these types of programs. This is just as important as actually getting funded. With regard to diversion, Commissioner Chow said it is important to understand what is going on with diversion and how eliminating diversion would impact SFGH. With regard to Instituto Familiar de la Raza (IFR), Commissioner Chow commended the joint fiscal and programmatic approach to dealing with this troubled agency. He anticipates more problems with non-profits given the economy, lack of COLAs and other factors. It is important to catch problems early in good organizations so we can help them overcome the problems. Anne Okubo added that DPH would transition IFR's fiscal intermediary contracts out of IFR over the next six months. The worst part of the fiscal crisis is past. IFR is required to submit monthly reports both to the non-profit lender and Ms. Okubo.

4) UPDATE ON HAIGHT ASHBURY FREE CLINICS

Barbara Garcia and Anne Okubo gave a status report on Haight Ashbury Free Clinics (HAFC). In June 2004, the former CFO at HAFC was arrested for embezzling between \$775,000 and \$1 million from the agency. HAFC is an important part of the DPH service delivery system, and receives a lot of DPH funding. For this reason, Ms. Garcia and Ms. Okubo asked the agency to come to the CHN JCC to describe what happened and what steps are currently being taken.

Rudy Aguilar, DPH's contract manager, said that despite the financial turmoil, the quality of service is satisfactory. In fact, in terms of deliverables, the agency is, on average, at the 90th percentile. There have been issues, and DPH has worked very closely with the agency on corrective actions plans. The main issues they continue to work on are reporting requirements and charting. There is one program, the Glide Outpatient Program, which continues to struggle.

Dr. Daryl Inaba, Executive Director of HAFC, gave an overview of the agency and a summary of how the embezzlement was discovered. The agency's total budget is \$14-15 million. They receive almost \$9 million from DPH: \$5 million from CBHS, \$2.7 million from Jail Health and more than \$1 million from the AIDS office.

They have five general categories of programs:

- Substance Abuse
- Medical Clinic
- Jail psych. program
- Research, education and training
- Rock Medicine – urgent care at major events such as rock concerts

Mr. Inaba said that early in 2003, HAFC experienced an overnight turnaround in the agency's fiscal situation and management and the board began to question some things. Boardmember Eric Flowers said the Board's Finance Committee at that time began trying to standardize reporting, and the committee found that information changed from month to month. Management undertook an internal investigation, discovered wrongdoing and turned over the information to the DA's office.

Both Dr. Inaba and Mr. Flowers said that the CFO was a trusted employee, that he engaged in a lot of subterfuge and fiscal staff was poorly trained and unqualified to spot his subterfuge.

Ms. Jones, the new CFO, began in March. She comes from Price Waterhouse/Coopers, where her specialty was restructuring troubled fiscal programs on the for-profit side. She described the steps/controls that have been implemented to prevent this from happening again, including

- Hired a controller who is a CPH with extensive background in non-profit
- The CFO and controller are in the process of re-hiring the entire fiscal staff
- They are doing full background checks on anyone who handles money
- Implementing various checks and balances such as requiring four separate signatures for check request.

Mr. Flowers said the Board is on top of this issue. They have embarked on a major fundraising campaign, formed an ad hoc committee and are working with financial institutions on lines of credit.

Commissioners' Comments

- Commissioner Chow asked if any DPH funds were embezzled. Dr. Inaba said the money that was taken came from a discretionary pot for working capital, not from the DPH contract or any other contracts the agency receives. All DPH contract services have been provided. Ms. Garcia added that the agency's role as fiscal intermediary for various services has not been affected. Commissioner Chow said the Health Commission and Department do not want to exacerbate the agency's cash flow problems, and would work diligently to move the agency's contract forward. He recommended quarterly reports to the CHN from both Mr. Sass from a financial perspective and Ms. Garcia from a program perspective. Commissioner Chow thanked Mr. Flowers for representing the Board of Directors at the meeting, and asked that the Board President attend the Budget Committee meeting when the agency's contract renewal is being considered. He said it is important to know that the Board is committed to getting through this crisis as well as the staff.

5) EMERGING ISSUES

None.

6) PUBLIC COMMENTS

- Otto Duffy, Tom Waddell Advisory Board, shared three concerns: Tom Waddell Clinic needs an on-site Clinic Director; he feels that the DEAP program is not housed in the right place; and the IHSS health insurance program should be used as a model for universal health care.

7) ADJOURNMENT

The meeting was adjourned at 4:45 p.m.



Michele M. Olson
Executive Secretary to the Health Commission

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W.
Commissioner

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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor
Department of Public Health



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AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK (CHN) MEETING

Tuesday, September 28, 2004

3:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #2001
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair
Commissioner Michael L. Penn, Jr., M.D., Ph.D., Member
Commissioner David J. Sanchez, Jr., Ph.D., Member

- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 24, 2004
**Minutes of August 24, 2004*
- 3) FOR DISCUSSION: CHN SECRETARY'S REPORT
(Barbara Garcia, Deputy Director of Health, Director, Community Programs)
**Report*
- 4) FOR DISCUSSION: EMS QUARTERLY REPORT
(John Brown, M.D., Medical Director, EMS Agency)
**Report*

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, MSW

Absent: Commissioner David J. Sanchez, Ph.D.

Staff: John Brown, M.D., Mildred Crear, Barbara Garcia, Larry Funk, Anne Kronenberg, Gene O'Connell, Glenn Ortiz-Schuldt, San Francisco Fire Department, Jim Soos and Linda Wang.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 24, 2004

Action Taken: The Committee approved the minutes of the August 24, 2004 Community Health Network Joint Conference Committee.

3) CHN SECRETARY'S REPORT

Barbara Garcia, Deputy Director of Public Health, presented the Secretary's Report.

STAFF UPDATES

Mildred Crear, Director of Maternal and Child Health (MCH), Retiring

Mildred Crear, MCH Director, will be retiring in November 2004. Mildred began her 41 years of service working for the San Francisco Department of Public Health as a Public Health Nurse in 1963. Her tenure includes positions as Supervising Public Health Nurse, Deputy Director of the Child Health Disability Prevention Program, Director of California Children's Services, Children Medical Services' Director and her current position as the Director of Maternal and Child Health. Through her visionary leadership several programs evolved that improved the health of diverse populations in San Francisco. These include: Family Planning, Black Infant Health, Fetal Infant Mortality Review, Child Care Health Consultant Program, and the Universal Home Visiting Program that offers every new mother a home visit from a public health nurse. Under Ms. Crear's direction, Nutrition Services have also improved the health of women, infants, children and families.

In 1990, Mildred collaborated in the formation of a public health nursing partnership with social workers in the Department of Human Services. This partnership assured that foster children received initial screening and follow-up medical care. Mildred's dedication and commitment for excellence led to the creation of a Community Health Nurse Leadership group that implemented her forward vision of the collaborative use of nurses in Mental Health, Primary Care, Field Public Health and Maternal Child Health Nursing.

Mildred is widely and affectionately known for her ability to expand services and generate revenue, her compassion for people, inspirational leadership, and her comforting bright smile. Ms. Garcia invited the Commissioners to bid farewell to Mildred at a retirement dinner in her honor on November 19, 2004. For more information please contact Renee Anderson at Renee.Anderson@sfdph.org or Twila Brown at Twila.Brown@sfdph.org or 575-5712.

Primary Care Chief Operating Officer Hired

Marcellina Ogbu has been hired in the newly created position of Primary Care Chief Operating Officer (COO). She comes to the position with strong academic and practical organizational skills in public health. Marcellina was most recently the Health Center Director at Maxine Hall Health Center. Her other experiences in DPH include working as a Senior Planner at the Emergency Medical Services Agency and as a Community Health Educator at our community primary care health centers. Marcellina has a DrPH in Public Health Education from the University of California at Berkeley. As the COO, Marcellina will work closely with Michael Drennan to coordinate, direct and collaborate with professional and support staff at the community based primary health centers.

DPH Staff Receive the Iron Advocate Award

On October 21, 2004, Maria X Martinez, Deputy Director of Community Programs, and Joseph Cecere and Eric Ciasullo from the AIDS Office will receive Positive Resource Center's 2004 Iron Advocate Award in recognition of their long-standing commitment to the HIV/AIDS Community and the disabled poor.

California Healthcare Foundation Leadership Fellows Graduate

Congratulations to Lisa Johnson, MD (Ocean Park Primary Care Health Center Medical Director, Mivie Hirose, RN, MS, CNS (Laguna Honda Hospital Co-Director of Nursing) and Chris Wachsmuth, RN, MS (SFGH Hospital Associate Administrator) who graduated this month from a two year fellowship with the California Healthcare Foundation Leadership Fellowship Program. The purpose of the CHCF Health Care Leadership Program is to improve the health of Californians by developing and sustaining a network of leaders who will shape a more responsive and effective health care system. Each year a diverse group of health care professionals are selected to participate in a part-time fellowship that allows them to continue in their current management roles while participating in focused and intensive training. Graduates acquire broadened management and sharpened leadership skills and gain unique and thorough insight into the trends and challenges facing health care leaders in California.

PROGRAM UPDATES

Client Outcomes Reflect Community Vocational Enterprises (CVE) Success

Since 1999, CVE has engaged BTW Consultants to measure CVE client outcomes. BTW conducts interviews of CVE clients on an ongoing basis and tracks outcomes. The findings show that CVE programs have yielded impressive results for the more than 400 clients served annually. For example, 17-28 months after clients start employment in a CVE business enterprise, 71% are still employed following graduation from CVE. The income mix of CVE clients also changed significantly. Prior to hire in a CVE business, 77% of clients' monthly income came from public benefits. Seventeen to twenty-eight months after hire only 23% of their income came from public benefits. During that time period, hourly wages went from an average of \$6.27 to an average of \$9.40 per hour. At the same time, CVE's own client satisfaction surveys show that clients are highly satisfied with their services. In an anonymous questionnaire, CVE received an average score of 4.1 on a 5-point scale of customer satisfaction from clients participating in the survey. As a result of BTW's ongoing outcomes tracking, CVE will continue striving to improve vocational services for clients to better assist them in their path to recovery.

Housing and Urban Health Primary Care Clinic Opens

Housing and Urban Health's (HUH) new Primary Care Clinic began providing primary care to clients on September 13, 2004. The HUH Clinic offers full-spectrum primary care as well as primary psychiatric services. Appointments can be made with any of the HUH providers using the LCR immediately or via the phone. The HUH clinic is designed to serve formerly homeless, now housed adults. Access to the clinic will initially be restricted to residents of the DPH and DHS master-lease hotels. The clinic is open 5 days a week during the day with the exception of Thursday afternoon.

Assessing Access to New Patient Appointments

SFGH and Community Primary Care health centers have had increasingly limited access to New Patient appointments, worsening especially over the past six months. To better assess the causes of this situation, a survey is underway of all CHN Primary Care health centers. Sites are being asked how many patients they can accept per week; how are slots accessed (direct calls, triage nurse, Invision scheduling system, etc.); what are the reasons for limited availability; what it would take to increase access; and other factors. Survey results will be compiled and potential solutions proposed

over the next month. Longer-term strategies to deal with overall capacity, especially for uninsured populations, may need also to be addressed.

Response to Gun Violence

Addressing the effects of gun violence in our communities has been a major initiative for the Department of Public Health. The Department is currently developing a more coordinated and immediate citywide response to gun violence incidents for impacted individuals, families, witnesses, and communities. To this end, DPH staff is working with SFPD to develop a General Order to notify DPH when homicide incidents occur. This General Order will facilitate a more immediate response from DPH to ensure an appropriate level of services such as social workers and/or mental health staff are available to engage those affected by the violent incident. DPH has identified a Response Coordinator who will be responsible for coordinating the departments' initial response and subsequent activities. DPH is also developing protocols to improve coordination between DPH services such as SFGH Emergency Dept. Social Work, SFGH Trauma Recovery, CBHS Child Crisis, CBHS Critical Incident Response Team (CIRT), and Mobile Crisis.

As many response activities continue long after a violent incident has occurred, coordinated response will also continue to be available to those affected. DPH staff will continue to work to engage with identified individuals and families and respond to requests from schools and community groups when they are ready to access services. Several DPH units and CBO's are meeting regularly to coordinate community and family requests, clinical case reviews, and accessing and coordinating services. (A schematic overview of the Department's Response to Gun Violence Incidents is Attachment A.)

Community Primary Care Administrative Restructuring

September 1st marked a transition date for Community Primary Care health centers wherein Medical Directors assumed overall administrative responsibility for health center operations. With the elimination of the role of Health Center Directors, the Medical Directors and their on-site Nurse Managers and Principal Clerks will share an expanded role in running these centers. In addition, at the Primary Care Executive level, the new position of Chief Operating Officer (COO) for Primary Care was created. The COO will report to Dr. Michael Drennan, COPC Director, and will be responsible for many of the non-clinical operations issues within CPC. Also, Sheila Kerr, R.N., Nurse Manager at Maxine Hall, has been named to the position of Primary Care Nursing Director, while continuing to cover Nurse Manager duties at Maxine Hall. Finally, each health center will be linked with an administrative liaison from Community Programs to assist in this challenging transition over the coming year. Trainings for health center administrative staff will take place over the coming months to better equip the health center management teams in handling their expanded roles. (Organization Charts, Attachment B.)

San Francisco General Hospital Diversion Report

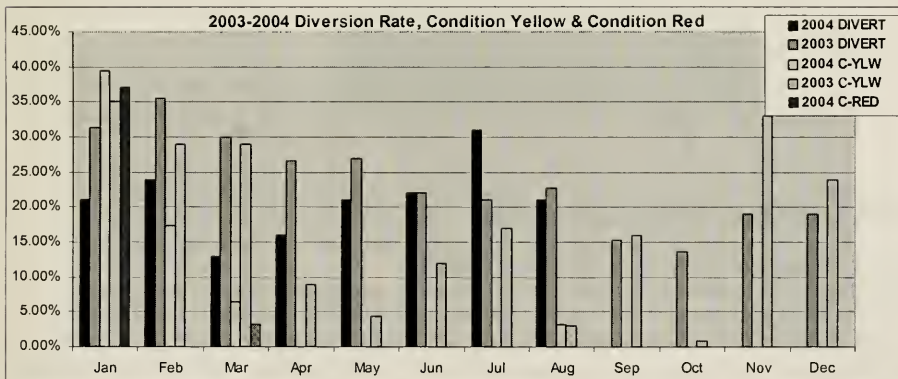
The Emergency Department [ED] recorded 46 episodes of diversion for 154 hours representing a rate of 21 % in (August) 2004. This is a 10% decrease in diversion since (July) 2004. A total of 30 hours of Emergency Medical Service Section Diversion Suspension hours were deducted from the original total of 184 hours of total diversion.

The 46 episodes of diversion are categorized as follows:

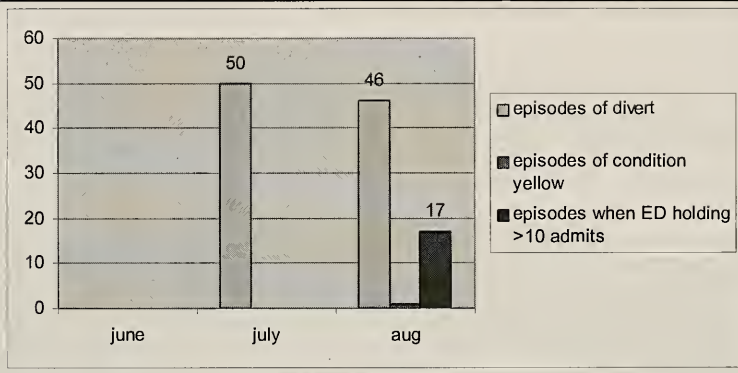
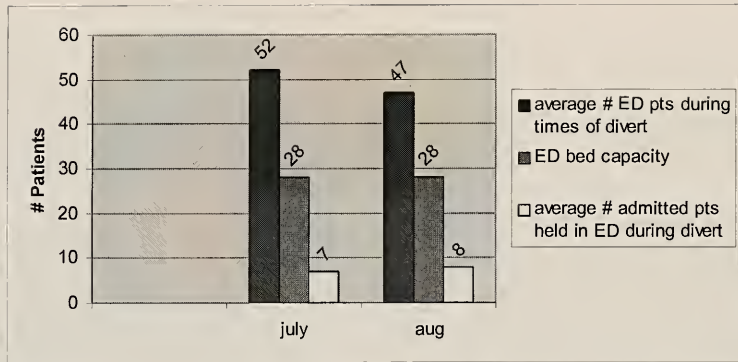
Diversion Type	# of Episodes	Hours	Rate	% Change from Previous Month
Total Diversion	46	154	21%	10%
Trauma Override	3	8.5	1.1%	1.7%

The ED was impacted by capacity and high patient acuity during the 46 episodes of Total Diversion and Trauma Override. During this time, 347 patients were pending admission to inpatient beds [ICU-20, 4B/StepDown-122, MedSurg-205]. In August 2003, the ED was on Total Diversion 22.8% of the month. Trauma Override was invoked 3.6% of the month in August 2003. Total Diversion was recorded for 46 episodes, a total of 154 hours or a 21% rate for August 2004, a 10% decrease in Total Diversion since July 2004. While on Total Diversion the ED held 347 patients in August 2004. While on Total Diversion in August 2003, the ED held 279 patients awaiting inpatient beds.

Trauma Override was recorded for 3 episodes, a total of 8.5 hours for August 2004. This is a 1.7% decrease in Trauma Override since July 2004. In August 2003 the ED invoked Trauma Override for 3.6% of the month and the ED held 81 patients awaiting an inpatient bed assignment.



* Condition yellow is a campus-wide protocol utilized to expedite hospital beds when there are 10 or > patients waiting for a bed. The ED has incidents during times of diversion when there are 10 patients in the ED without utilization of condition yellow. During the month of August the ED had 17 incidents of holding 10 or > admissions without a record of condition yellow.



Events, Trainings and Presentations

“Ending Chronic Homelessness: A Recovery Approach”

On Wednesday, September 8, 2004 the Wellness-Recovery Quarterly Forum will meet between 3 – 5 PM @ CBHS, 1380 Howard St., Room 537, 5th floor, SF to discuss perspectives with homeless services providers and consumers on how to assist individuals who are chronically homeless and have behavioral health treatment needs, and the effective clinical, program, and system approaches towards helping them off the streets and into a permanent home. For more information, please call Edwin Batongbacal at (415) 255-3446.

Annual CBHS Orientation Day

Community Behavioral Health Services is holding its annual orientation day on September 30, 2004, 8 AM – 12 Noon at the Hiram Johnson State Building. Participants will learn how to access the CBHS systems-of-care in San Francisco, and the mental health and substance abuse services available. Space is limited and offered on a first come first served basis. For more info, please call Kevin McGirr at (415) 255-3481.

Commissioners' Comments

- Commissioner Chow requested an update on the Primary Care reconfiguration in three months.

4) EMS QUARTERLY REPORT

John Brown, M.D., Medical Director, EMS Agency, gave an overview of EMS activities, including Ambulance Diversion Policy Reform, and update on the San Francisco Fire Department EMS reconfiguration and an Emergency Medical and Health Disaster Preparedness Update. The rollout of the new Ambulance Diversion Policy as been put on hold for a variety of reasons, including the fact that the Fire Department EMS is undergoing a reconfiguration, and the new policy should not be instituted simultaneously. In addition, policymakers want other systems in place, such as automated dispatch and dynamic deployment, prior to rolling out the new diversion policy.

Commissioners' Comments

- Commissioner Chow asked what the new timeline is for the revised Ambulance Diversion Policy. Dr. Brown said possibly May or June 2005. Commissioner Chow asked what some of the roadblocks were. Dr. Brown replied that other systems across the county have successfully stopped diverting patients, but in San Francisco there is no consensus on the policy. In addition, there was a concern about making two major changes at one time. With regard to the EMS reconfiguration, Commissioner Chow asked what the key factors for success are. Dr. Brown said that in cities with successful mergers, the key factor is paramedics throughout the ranks, from lieutenants to captains on down. This has not happened in San Francisco, mainly because, due to litigation, SFFD has not been able to give promotional exams. The Department is on the brink of having this happen, and this will go a long way in the culture shift.
- Commissioner Guy said the success of EMS in the Fire Department is leadership dependent. The Department should continue to emphasize that this is the partial responsibility of the Health Commission, and that the Health Commission is fully behind this effort.

5) STRATEGIC PLAN UPDATE

Anne Kronenberg, Deputy Director of Health and Jim Soos, Senior Health Program Planner, DPH Policy and Planning, presented an overview of the 2004 Strategic Plan Update. There was little change the four goals from the 2000 Strategic Plan. They are:

- San Franciscans have access to the health services they need
- Disease and injury are prevented
- Services, programs and facilities are cost-effective and resources are maximized
- Partnerships with communities are created and sustained to assess, develop, implement and advocate for health funding, policies, programs and services

Key assumptions of the update are that the DPH mission and vision remain unchanged; that the department has two roles, that of clinical care and of population health; that it complies with Federal

and State regulatory and statutory requirements; and that it be consistent with Health Commission policies and resolutions.

In developing the plan, staff held 18 community and three staff Town Hall meetings. They also did an e-mail survey of 623 non-profit and community organizations. They worked with the Mayor and Supervisors' offices, the Office of Neighborhood Services, hundreds of community groups and received input from 433 San Franciscans.

Revised Strategic Plan: Changes from the 2000 Plan

- Increased emphasis on cultural competence (Objectives 1.2 & 4.1)
- Emphasis on patient flow and continuum of care (Objective 1.11)
- Explicit integration of prevention into program planning department-wide (Objective 2.3)
- Inclusion of urban planning/land use policy as a public health issue (Objective 2.5)
- Explicit inclusion of emergency/disaster preparedness responsibilities (Objective 2.6)
- Inclusion of behavioral health prevention (Objective 2.7)
- Explicit objective to ensure public health infrastructure (Objective 3.3)
- Increased emphasis on outcomes-based evaluation (Objective 3.7)
- Inclusion of business community as public health partner (Objective 4.5)

6) **EMERGING ISSUES**

None.

7) **PUBLIC COMMENT**

None.

8) **ADJOURNMENT**

The meeting was adjourned 5:45 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

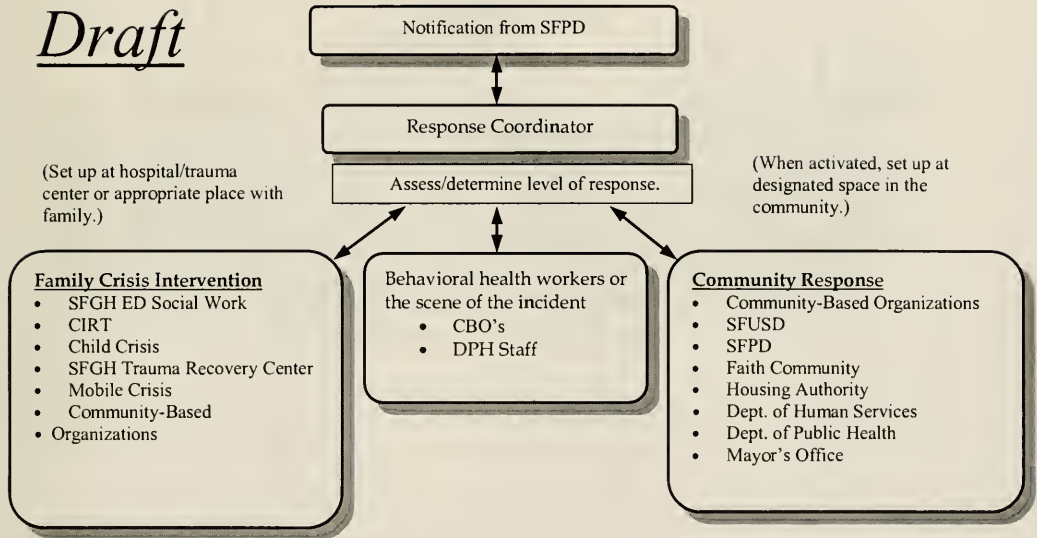
*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

ATTACHMENT A

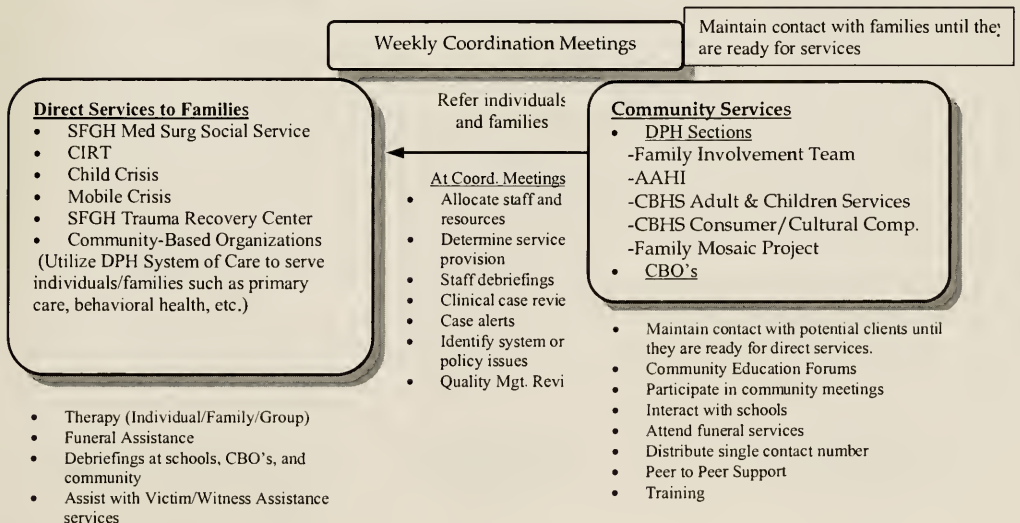
DEPARTMENT OF PUBLIC HEALTH Response To Gun Violence Incidents

Immediate Response

Draft

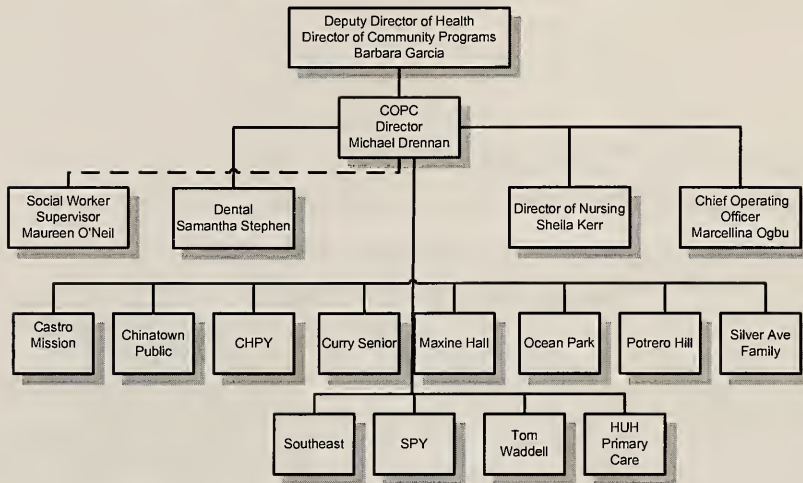


On-Going Care



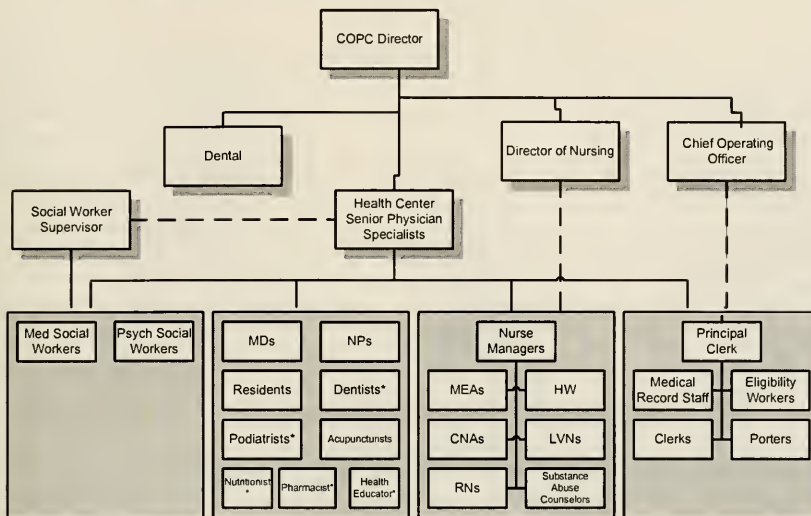
Attachment B

FY0405 – SFPD Community Oriented Primary Care Administration Org Chart (Revised 9/04)



May 11, 2004 – 415-255-3706

**FY0405 – SFDPH COMMUNITY ORIENTED PRIMARY CARE
HEALTH CENTER ORG CHART (REVISED 9/04)**



Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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Web Site: <http://www.sfdph.org>

AGENDA

JOINT CONFERENCE COMMITTEE FOR COMMUNITY PROGRAMS AND SERVICES (CPS) MEETING

Tuesday, November 23, 2004

2:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #2001
San Francisco, CA 94110

DOCUMENTS DEPT.

DEC 21 2004

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Roma P. Guy, MSW, Member
Commissioner David J. Sanchez, Jr., Ph.D., Member
Erica Newport, Youth Health Advisor

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF MINUTES OF THE SEPTEMBER 28, 2004 COMMUNITY HEALTH NETWORK JOINT CONFERENCE COMMITTEE MEETING

**Minutes of September 28, 2004 CHN JCC*

3) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE NOVEMBER 9, 2004 POPULATION HEALTH AND PREVENTION JOINT CONFERENCE COMMITTEE MEETING

**Minutes of November 9, 2004 PHP JCC*

- 4) **FOR DISCUSSION:** **CPS SECRETARY'S REPORT**
(Barbara Garcia, Deputy Director of Health, Director, Community Programs)
**Report*
- 5) **FOR DISCUSSION:** **CHARITY CARE REPORT**
(Colleen Chawla, Deputy Director, Office of Policy and Planning)
**Report*
- 6) **FOR DISCUSSION:** **HOUSING AND HOMELESS ANNUAL REPORT**
(Marc Trotz, Director, Housing and Urban Health and Anne Kronenberg, Deputy Director of Health, Director, Office of Policy and Planning)
**Power Point*
- 7) **EMERGING ISSUES**
- 8) **PUBLIC COMMENT****
- 9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.

Disability Access

The Community Health Network Building at 2789 – 25th Street (at Potrero) is wheelchair accessible. Take an elevator to the second floor, Room 2001. Public parking is available at San Francisco General Hospital garage or 23rd Street at Utah.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines **#9 San Bruno**, **#9X San Bruno Express**, **#19 Polk** (stops 2 blocks away), **#33 Haight Ashbury**, and **#48 Quintara**. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing and/or use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and E-mail: **Donna_Hall@ci.sf.ca.us**.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.htm**

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code §2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Edward A. Chow, M.D.
President

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MINUTES

**JOINT CONFERENCE COMMITTEE
FOR**

COMMUNITY PROGRAMS AND SERVICES (CPS) MEETING

Tuesday, November 23, 2004

2:00 p.m. – 5:00 p.m.

at

Community Health Network Building
2789 – 25th Street (at Potrero), Room #2001
San Francisco, CA 94110

1) CALL TO ORDER

DOCUMENTS DEPT.

Commissioner Chow called the meeting to order at 2:10 p.m.

DEC 21 2004

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, MSW
Commissioner David J. Sanchez, Ph.D.

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Absent: Erica Newport, Youth Health Advisor

Staff: Twila Brown, Sai-Ling Chan-Sew, Colleen Chawla, Sue Currin, Michael Drennan, M.D., Anne Kronenberg, Anne Okubo, Frank Patt, Gregg Sass, Ginger Smyly, Marc Trotz, Linda Wang and Wendy Wolf.

Commissioner Chow welcomed everyone to the new Joint Conference Committee and outlined the purpose of the committee. He is looking forward to the comprehensive perspectives that can be gained from a combined committee.

Commissioner Guy asked for honest feedback from members as to whether the new arrangement is working or not. She has appreciated the dialogue with staff and wants to make sure that services and tertiary care do not overwhelm the agenda at the expense of public health discussions.

Commissioner Sanchez said that the Department has faced cuts, downsizing and reconfiguration, and this is the time for a new model. He looks forward to discussions on how to maintain the mission and quality services.

2) **APPROVAL OF MINUTES OF THE SEPTEMBER 28, 2004 COMMUNITY HEALTH NETWORK JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee approved the minutes of the September 28, 2004 Community Health Network Joint Conference Committee.

3) **APPROVAL OF THE MINUTES OF THE NOVEMBER 9, 2004 POPULATION HEALTH AND PREVENTION JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee approved the minutes of the November 9, 2004 Population Health and Prevention Joint Conference Committee.

4) **CPS SECRETARY'S REPORT**

Ginger Smyly, co-secretary for the CPS JCC, presented the Secretary's Report.

STAFF UPDATES

Mildred Crear Retires

Mildred Crear retired this month after 41 years of service to the Department. A retirement celebration honoring Mildred and her achievements was held on 11/19/04, at the Southeast Community Center. She began her career as a public health nurse, then became a supervising nurse, then continued to become the Deputy Director of Children's Health Services. From there Mildred was appointed as the Director of Maternal Child Adolescent Health where she has served for the past 11 years. We thank her for her numerous achievements and exceptional leadership.

Maria Cora Chairs Council

At their 9/23/04 meeting, the SFGH Breast Care Program Community Advisory Council appointed Maria Cora, DPH Office of Women's Health Coordinator, as its Chair. Health Commissioner Lee Ann Monfredini was appointed Chair Elect and will become Chair in 9/05. The CAC seeks to insure the stability of breast care services by providing input on funding, operations and community access to the Avon Comprehensive Breast Center and the new mammovan at SFGH.

PROGRAM UPDATES

Project Homeless Connect

On December 8, 2004, Community Programs will again take a strong lead in working with the Mayor's Office on Project Connect 2 for the Homeless. Last month the Department helped lead Project Homeless Connect 1 where 278 volunteer staff primarily from DPH and DHS went out in the Tenderloin and South of Market areas to survey the homeless and encourage them to come to five sites to get medical care, behavioral health care and sign up for CAAP benefits. Staff connected

with about 500 clients of which 150 actually made it to the sites for care. Due to the diligent work of our Homeless Outreach Team, Housing and other staff the Department was able to place about 10 of these clients and staff continues to follow up with other clients to get them into housing and other services.

Next month staff will again go out into the Tenderloin and South of Market areas and will have 50 housing stabilization units available and can immediately place people into housing. We will expand services at the two sites to include VA benefits, SSI benefits, legal counseling, domestic violence counseling and provide food and clothing distribution. Mayor Newsom has made Project Connect one of the cornerstone projects for his administration and has vowed to continue these efforts regularly.

STD Program

During the month of October, STD Program outreach staff has been spending a large portion of their time performing evaluation surveys for the Healthy Penis campaign. The goal is to have 200 completed surveys by the end of November.

On 10/19/04, the STD Program Special Projects Coordinator coordinated an in-service training for sex club employees on Oral Sex and the Risk for STDs and HIV. Eight sex club employees attended.

From 10/21 – 10/24, three STD Program staff presented at the Gay & Lesbian Medical Association Meeting in Palm Springs, California on Syphilis Awareness Strategies for Gay and Bisexual Men; Developing an enhanced risk assessment protocol for use with clients in more effectively determining their risk for STD and HIV; and Gonorrhea and Chlamydia infections.

The STD Program is collaborating with the STOP AIDS Project, a community based organization, on a community "Down-Low" forum as well as assisting the STOP AIDS Project to get a poster related to methamphetamine use displayed in the window of Badland, a bar frequently mentioned by syphilis patients as a place where they met sexual partners.

Proposition 63 Passes

Proposition 63, the California Mental Health Services Act, was approved on the November ballot, winning 53.4% of the votes. By taxing 1% of incomes over \$1 million, Prop 63 hopes to raise \$800 million each year in state funds for mental health services. With increased federal matching funds, the amount of new money is expected to exceed \$1 billion per year. Prop 63 revenues for services to children, youth, families, adults and older adults will be fully available and flowing into the counties in FY 2005-06. County mental health departments will spend the first six months of 2005 working on a 3-year plan to be submitted to the state that details how the funds will be used to expand mental health care. The proposition requires that stakeholders – consumers, families, providers, and other county departments – participate in the planning of how to use the new mental health funds. Counties are waiting for planning guidelines and timelines from the state Department of Mental Health, and will initiate local planning processes within the next couple of months.

For questions about Proposition 63 and CBHS plans, please call Edwin Batongbacal, CBHS Associate Director, at (415) 255-3446.

CBHS Behavioral Health Integration

The plans for the roll-out of CBHS behavioral health integration at the program and service-delivery levels continue to advance with the assistance of ZiaLogic consultants, Chris Cline, M.D., and Ken Minkoff, M.D.

- At their next quarterly visit, ZiaLogic will conduct training seminar on the Comprehensive, Continuous, Integrated System-of-Care Model for integration, directed exclusively to CBHS program directors, clinical and team supervisors, and senior and lead counselors/clinicians. This seminar will be held on Monday, December 6, 9:00 – 11:30 AM, at Fort Mason, Golden Gate Room. CBHS programs can register with Junko Craft, junko.craft@sfdph.org, or fax at (415) 252-3057.
- A videotape training on how CBHS programs can use the COMPASS Program-level self-assessment and planning tool (towards program Dual-Diagnosis Capability) is now available for borrowing from CBHS central administration. The videotape shows CATS Redwood Center, a CBHS substance abuse residential program, using the COMPASS tool under the guidance of Chris Cline. For more information on this training tape, please contact Bill McConnell, Director, CBHS Quality Management, bill.mcconnell@sfdph.org or phone (415) 255-3435.

CBHS Consumer Perception Survey

During the first two weeks of November, CBHS is conducting a Consumer Perception Survey of its mental health clients, as required by California Department of Mental Health. Mental health programs will be distributing these surveys to their non-residential and non-crisis clients.

Communicable Disease Prevention Flu Update

According to estimates prepared by CDC and CA Department of Health Services, there are 247,800 people in San Francisco who are considered to be high risk for influenza disease and qualify for influenza vaccine. To date, SFDPH has received 21,930 doses of adult injectable vaccine and 1,180 doses of pediatric influenza vaccine. The vaccine has been distributed to a cross section of long-term care facilities, primary care networks and private physicians in San Francisco who see high-risk patients. SFDPH will not be conducting any public flu clinics.

San Francisco physicians will soon be able to purchase vaccine through the Communicable Disease Prevention Unit. Physicians interested in purchasing vaccine should fax in a **Vaccine Request Form** located at the SFDPH website at <http://www.dph.sf.ca.us/Services/Flu.htm> if they have not already done so. This is the first step in gaining access to more vaccine that will be shipped in December and January. Further details about this ordering process will be available the week of November 22nd and will also be posted on our website.

A tri-lingual flu information line has been running throughout flu season and averages 200 calls each day. SFDPH Communicable Disease Prevention staff continue to be accountable to the people of San Francisco and will continue to act as an epicenter of information and vaccine distribution through the remainder of this flu season. For more information, call 554-2830 or leave a message on the flu line at 554-2681.

Community Primary Care (CPC) - Chronic Care Learning Collaborative

Three CPC Health Centers (Chinatown, Silver Avenue and Potrero Hill) and the Family Health Center on the SFGH campus have been awarded places on the Chronic Care Learning Collaborative, sponsored by the Safety Net Institute of the California Association of Public

Hospitals. This 13-month collaborative held its first training session November 2-3, 2004 in Oakland. This effort focuses on improving management of diabetes, as an example of an important chronic illness that can benefit from improved methods of team care, information system monitoring and tracking, and sharing best practices across practice sites. Dr. Lisa Johnson of Ocean-Park HC, Dr. David Ofman of General Medical Clinic, and Dr. Tom Bodenheimer of Family Community Medicine are serving as Faculty for this important initiative.

The Ophthalmology Van (Eye Van)

The van has started providing on-site eye screening services at Chinatown, Ocean Park, Potrero Hill and Maxine Hall Health Centers, with eventual roll-out to all CPC sites. This collaboration with SFGH Ophthalmology Service is already greatly improving the timeliness of eye exams for those with or suspected of having diabetes, glaucoma and other eye diseases. Waiting times for appointments at SFGH, which had reached 8-9 months, are expected to drop dramatically. It is also expected that ongoing funding for this grant-funded service will be supported through its own revenues as it enters its second year.

Girls Violence Prevention Project

The San Francisco Newcomer Girls Violence Prevention Project is releasing its Assessment Report on San Francisco's Latina and Southeast Asian newcomer girls on Monday, November 29, 2004 from 11:00 am to 12:30 pm at the SF Main Public Library, in the Latino/Hispanic Community Meeting Room. The project team will present key findings and recommendations with time for questions. Despite strong family and community connections, many newcomers expressed feelings of isolation. Cultural pride, family, commitment to education, and hope for the future were clear themes in both populations, as were violence, fear, language barriers, and racism. The report is available on the web at <http://www.dcyf.org>. If interested in attending, please contact Judy Young, 771-2600 or Malana Willis, 642-4417.

Commissioners' Comments

- Commissioner Chow asked which DPH staff person is the point person for Proposition 63 planning. Ms. Kronenberg said it is Barbara Garcia and Bob Cabaj. Ms. Garcia will schedule an update on the planning process at the January meeting. Ms. Wang added that the Department is expecting guidelines from the State Department of Mental Health in December.
- Commissioner Guy welcomed Twila Brown to her new role as interim MCH Director. She asked staff to keep the monthly STD updates coming through the Secretary's Report. She is interested in a follow-up report on the methodology and findings of the CBHS client satisfaction survey.
- Commissioner Chow requested a discussion at a future meeting on the Girls Violence Prevention Project, specifically the findings and recommendations and their implications for DPH.
- Commissioner Guy asked for an update on the allocation of federal funds for HIV services. Mr. Loyce said that the Department has received \$1.5 million in additional funds for HIV/AIDS services. Staff is currently trying to determine when and how the money can be accessed and specifically what it can be used for. Ms. Chawla added that, through Congresswoman Pelosi's Office, DPH received three new earmarks for a total of \$3.5 million: \$1.5 million in HIV/AIDS prevention; \$1.5 million for supportive housing; and \$750,000 for ex-offender re-entry services. Although the money is allocated, the Department still must go through an application process.

5) CHARITY CARE REPORT

Anne Kronenberg, Deputy Director of Health, and Colleen Chawla, Deputy Director, Office of Policy and Planning, presented the Charity Care Report.

To prepare for this report, in the summer of 2004, DPH convened a Charity Care Working Group that was comprised of all of the reporting hospitals, the Hospital Council, SEIU Local 250 and the Consumers Union.

Charity Care Data

- 110,545 patients received charity care in FY 2003. This was an increase of 8,800 from the previous year.
- 111,924 services were provided. This was down 4,500 from the previous year but up 40,000 from FY 01.
- The vast majority of charity care services are outpatient.
- Total charity care expenditures were \$69,528,589.

All reporting hospitals submitted copies of their charity care policies pursuant to the Charity Care Ordinance. Earlier this year, San Francisco's nonprofit hospitals adopted the voluntary charity care guidelines put forward by the California Healthcare Association. These voluntary guidelines call for the provision of free care for patients with incomes at 200 percent of the federal poverty limit or below. In addition, some San Francisco hospitals have adopted charity care policies that are more generous than the voluntary guidelines. These new policies will be reflected in the fiscal year 2004 charity care summary report.

All San Francisco hospitals are in compliance with the posting requirements.

The nonprofit reporting hospitals (excluding Kaiser) received corporate and property tax benefits valued at approximately \$64.7 million in FY 2003. The report shows that in every case except St. Luke's, the tax benefit that reporting hospitals derive as a result of their nonprofit status exceeds the level of charity care provided.

Recommendations

- Hospitals should pursue innovative approaches to increase the provision of outpatient charity care to residents of the following high-risk neighborhoods: Bayview/Hunters Point, Potrero Hill; Tenderloin, Civic Center; Bernal Heights, Mission.
- The Department and the San Francisco hospital community should work closely with the Public Health Institute and review the feasibility of implementing the institutional reforms recommended in the Advancing the State of the Art in Community Benefit demonstration project.
- The Department should continue to work with San Francisco's nonprofit hospitals and the Department of Human Services to provide hospitals with the information they need to deem as eligible for charity care patients on public assistance.
- The Charity Report Working Group should continue its discussions in an effort to improve and increase the provision of charity care to low-income and uninsured San Franciscans.

Public Comment

- Ron Smith, Hospital Council, commended Ms. Kronenberg and Ms. Chawla for the report. He distributed a table that compares all hospital community benefits with tax exemptions, and asked the committee to consider including this in the report.
- Jim McCaughey, California Pacific Medical Center, said the working group was a very constructive process, and CPMC would be working closely with the Public Health Institute over the next year. The hospital wants to focus on ambulatory care sensitive conditions.
- Abby Yant, Saint Francis Hospital, commended the report and said collectively hospitals can identify better ways of serving target audiences. This is a landmark for public and private hospitals to work together. Hospital-provided charity care is not the direction in which hospitals should be going, rather primary, community-based care.
- Jim Hickman, St. Luke's Hospital, said that St. Luke's has a community collaborative with a clinic in District 6 that has helped a number of patients access care at St. Luke's. There are a number of simple ways to increase access.

Commissioners' Comments

- Commissioner Chow thanked all the hospitals, the union and others that participated in the working group.
- Commissioner Sanchez commended the quality of the report. Clearly the report benefited from the input of other hospitals. This has led to a collective discussion about topics that have not before been addressed.
- Commissioner Guy appreciates the new level of the report, and she congratulated everyone for ending up here. Three years ago she could not have imagined that this would be possible. She asked how DPH is involved with the Public Health Institute. Ms. Kronenberg replied that DPH is a late player in this effort, but is sponsoring the forum on December 15th. St. Francis, St. Mary's and CPMC have been involved for many years.

6) HOUSING AND HOMELESS ANNUAL REPORT

Marc Trotz, Director, Housing and Urban Health and Anne Kronenberg, Deputy Director of Health, presented the Housing and Homeless Annual Report. Ms. Kronenberg said that ending homelessness is a top priority for the City and for DPH. DPH is one of the largest homeless service providers in San Francisco, and homeless people are high utilizers of health services. Recently the City developed a San Francisco's Ten Year Plan to End Chronic Homelessness.

The Plan uses the National Alliance to End Homelessness Framework of preventing new households from becoming homeless (Closing the Front Door), providing effective interventions for people currently homeless and providing immediate access to housing so people can exit homelessness (Opening the Back Door).

Ms. Kronenberg gave a few examples of the myriad programs DPH provides to "Close the Front Door:"

- Community Health Promotion & Prevention Services – Community Empowerment Center, Black Infant Health Improvement Program, Tobacco Free Project;
- SRO Task Force
- SRO Collaboratives
- CBHS Treatment Services

Marc Trotz discussed DPH's approach to "Opening the Back Door:"

- Direct Access to Housing program - nine sites with 583 units.
- Placement & Discharge Planning
- Project Homeless Connect

Services for Currently Homeless

- Community Behavioral Health Services – Homeless Outreach Team, AB 2034 Permanent Housing Program
- Primary Care – New Housing and Urban Health Clinic, Tom Waddell Health Center/Other clinics, McMillan Stabilization Center
- Hospital Services – San Francisco General Hospital, Laguna Honda Hospital, San Francisco Behavioral Health Center.

Emerging Issues

- Changes to the Section 8 Housing Program
- Samaritan Act
- Ten Year Plan Implementation

Recommendations

- Medical Respite
- Expansion of the Homeless Outreach Team
- Expansion of permanent housing placement

7) EMERGING ISSUES

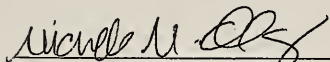
None.

8) PUBLIC COMMENT

None.

9) ADJOURNMENT

The meeting was adjourned at 5:00 p.m.



Michele M. Olson

Executive Secretary to the Health Commission

*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

**Minutes are approved at the next meeting of the Community Programs and Services Joint Conference Committee.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor
Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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Agenda

CANCELLATION NOTICE

FOR

COMMUNITY PROGRAMS AND SERVICES (CPS)
JOINT CONFERENCE COMMITTEE MEETING

The Community Programs and Services (CPS) Joint Conference Committee meeting scheduled for Tuesday, December 28, 2004 has been cancelled.

The next meeting will be Tuesday, January 25, 2005, 2 :00 p.m.

An agenda will follow.

For information please call the Commission Office at 554-2666.

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